WASHINGTON COUNTY
SCHOOL DISTRICT

COSMETOLOGY & ESTHETICIAN TUITION ASSISTANCE APPLICATION

Eligible students may receive **up to** $1,500 toward tuition at an approved partner school.

ELIGIBILITY AND SCHEDULING

- Cosmetology or esthetics must appear on the student's **PowerSchool schedule.** *(Nail technology programs are not eligible.)*
- Students must **pass all enrolled courses.**
- Students must remain enrolled in other courses needed for graduation unless the counselor verifies that cosmetology or esthetics are the only remaining credits needed to graduate.
- Students may receive **up to $1,500 total over one or two school years.** The full amount requires at least eight semester periods: two per semester over two years, or four per semester for seniors completing the program in one year.
- The partner school must submit one grade each semester.

HOW TO APPLY

1. Student and parent complete and sign this application.
2. Student/Parent takes the application to the partnering cosmetology/esthetician school for the representative's signature.
3. Student returns the signed application to their high school counselor.
3. Counselor verifies cosmetology or esthetics on the PowerSchool schedule, **prints and signs the schedule, and submits both documents to the WCSD CTE Department.**
4. A new application is required **each school year** and must be submitted within the first two weeks of the school year or within the first two weeks of the quarter in which the student begins.

STUDENT INFORMATION

Student name: _____ **WCSD High School:** _____

Grade: ☐ (11) Junior ☐ (12) Senior **Program:** ☐ Cosmetology ☐ Esthetics

School year: _____ **Student ID:** _____

Partnering Cosmetology / Esthetician school:
☐ Evans ☐ Paul Mitchell ☐ Taylor Andrews **Start:** ☐ Fall semester ☐ Spring semester

REQUIRED SIGNATURES

Student signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Partner-school representative*: _____ Date: _____

By signing, the partner school agrees to provide a tuition match equal to the WCSD contribution and to submit the student's grade each semester.

COUNSELOR VERIFICATION AND SUBMISSION

Counselor name: _____ **Counselor signature:** _____

Date submitted: _____ **Print & sign the student schedule to submit with this document*

WCSD CTE DIRECTOR: _____ **Date:** _____