

New Video Essay Option! O·P·I

Monthly Scholarships from OPI!

As part of OPI's ongoing scholarship program, 24 selected students annually who are enrolled in a qualifying OPI Preferred Nail Technology or Cosmetology program* will each be awarded a \$500.00 scholarship from OPI. Students must be enrolled and in good standing, *or in the process of enrolling*, to qualify. OPI Preferred School listings can be found at www.opi.com. Click on **Schools & Education**. Winners will be selected based on a written or video essay.

You also have the choice to submit a video essay in place of a written essay! Video essays should be 4-6 minutes long and uploaded to Dropbox, Google Drive or Microsoft OneDrive. If you opt for the written essay, you should submit a 1-2 page essay. Your video or written essay should detail why you chose a career in the beauty industry, your long term goals and how you see nail care playing a role in your future career. You must submit this application along with your written essay or link to your video essay. A school official must sign off verifying the information and that you are in good standing in school.

For the winning applicants, the money will be paid directly to the school on behalf of the student and is to be applied toward tuition and education expenses, upon receipt of the winner's scholarship acceptance form and copy of acceptance letter to school. The scholarship recipient's name and essay may be used in marketing and promotional pieces as well as on the web.

Application and Essay must be received at YourNewSchool Office by the deadline date. Any application received late will be considered for the following period. Any application received early, will be considered in the period indicated on the application.

Scholarship Period	Deadline to Receive Application	Scholarship Recipient to Be Notified By
January	January 31, 2016	February 15, 2016
February	February 28, 2016	March 15, 2016
March	March 31, 2016	April 15, 2016
April	April 30, 2016	May 15, 2016
May	May 31, 2016	June 15, 2016
June	June 30, 2016	July 15, 2016
July	July 31, 2016	August 15, 2016
August	August 31, 2016	September 15, 2016
September	September 30, 2016	October 15, 2016
October	October 31, 2016	November 15, 2016
November	November 30, 2016	December 15, 2016
December	December 31, 2016	January 15, 2017

Please attach your 1-2 page essay or link for video essay.

Applications must be received by submission deadline via mail, email or fax, send to:

YourNewSchool, ATTN: OPI Scholarship, 1803 W. 95th St., PMB 281, Chicago, IL 60643
info@yournewschool.com
fax: 773-409-8526

*An OPI Preferred Nail Technology Program is one that purchases the OPI Nail Tech On-the-Go Kit directly from OPI through YourNewSchool & provides one for each Nail Technology Student.

*An OPI Preferred Cosmetology Program is one that purchases the OPI Cosmetologist On-the-Go Kit or OPI Nail Tech On-the-Go Kit directly from OPI through YourNewSchool & provides one for each Cosmetology Student.

OPI Scholarship Application 2016

All fields are required. An incomplete application will automatically be disqualified. This application may be copied.

Month Applying For (choose one):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> January 2016 | <input type="checkbox"/> February 2016 | <input type="checkbox"/> March 2016 | <input type="checkbox"/> April 2016 |
| <input type="checkbox"/> May 2016 | <input type="checkbox"/> June 2016 | <input type="checkbox"/> July 2016 | <input type="checkbox"/> August 2016 |
| <input type="checkbox"/> September 2016 | <input type="checkbox"/> October 2016 | <input type="checkbox"/> November 2016 | <input type="checkbox"/> December 2016 |

Applicants Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Start Date: _____ Graduation: _____ Program Enrolled In: _____

CHECK ONE

I am enrolled or in the process of enrolling in an OPI Preferred Nail Technology Program* for licensure.

I am enrolled or in the process of enrolling in an OPI Preferred Cosmetology Program* for licensure.

School Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone: _____ Website Address: _____

Link to Video Essay: _____

By signing this application, you agree, if asked, to provide information that will verify the accuracy of your completed form. Also, the application authorizes YourNewSchool to use and publish your name and essay. If you purposely give false or misleading information, you will be disqualified.

Applicant's Signature: _____ Date: _____

If under 18, Parent's Signature: _____ Date: _____

The following is to be filled out by a school official.

I verify that the above information is true and accurate and that this student is in good standing with the school.

School Official's Name: _____ Title: _____

Signature: _____