



LEXLI ESTHETIC SCHOLARSHIP

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

How did you hear about the Lexli Esthetic Scholarship? _____

Applicant Signature

The following questions must be completed by a school official:

Name of school in which applicant is enrolled: _____

School address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Website: _____

School's accrediting body: _____

Date of enrollment: _____ Estimated graduation date: _____

Program required hours: _____ Completed hours: _____ Grade average: _____

I verify the above information is true and accurate.

School Official Name: _____ Title: _____

Signature