



Evolve Beauty Institute, Inc.

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EBI SCHOLARSHIP APPLICATION

Applicant's Information:

Name: _____

Address: _____

_____	_____	_____
Street Address	City/State	Zip
Code		

Home Phone: _____ Cellphone: _____

Email: _____

Date of Birth: ____/____/____

Select Program of interest.

() Nail Specialist (NSP) () Esthetics (EST)

- Essay with the following to include:
 - Why do you want to be an esthetician/ nail specialist?
 - Why is proper skin care/ nail care essential?
 - What is your vision for your future in the esthetics/nail industry?
 - Tell us about yourself.

