SKIN SCIENCE
INSTITUTE

Student Referral Scholarship Application

GENERAL INFORMATION

First Name_____ Last Name_____

Date of Birth_____ Social Security Number_____

Email Address_____

Start Date_____

Program_____

STUDENT REFERRED TO SCHOOL

First Name_____ Last Name_____

Email Address_____

Start Date_____

Program_____

SCHOLARSHIP INSTRUCTIONS
To be considered for this scholarship from Skin Science Institute, the application must be submitted by a current/active student for approval, after the referred student has officially started school. Along with the application, please attach a letter or statement completed by the referred student confirming the referral.

REFERRAL LETTER OR STATEMENT INSTRUCTIONS
The letter or statement must be completed by the referred student notifying the school that the student started school due to the referral. The letter and statement must include the referred student's signature and date.

_____   _____
Student Signature   Date

Sandy Campus
10299 S 1300 E
Sandy, Utah 84094

Orem Campus
360 S State St, Ste 144
Orem, Utah 84058

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Fax- 801 746 6151