Arizona School of Myotherapy

SCHOLARSHIP APPLICATION

Arizona School of Myotherapy, LLC does believe in the future of massage therapy and is proud to be offering up to $4,000 in scholarships to each student who demonstrates a commitment to the profession each semester! Future massage therapists across Arizona are invited to apply to receive a tuition scholarship to help launch their dreams. Applying for a scholarship doesn't always guarantee approval and all scholarships submitted will be reviewed by our school board in order to ensure fairness and equality to everyone that applies.

Why wait, apply for this Great Scholarship Program Now- it's easy!

Requirements to Apply for Scholarship

- Are a high school graduate or graduating senior
- Are a legal U.S. resident
- Are a resident of Arizona

Step One: Write your original essay response to the following question:

What is exciting to you about a career in Massage Therapy? Why?

Step Two: Submit your application by completing the form below and submitting your essay to info@arizonaschoolofmyotherapy.com

Guidelines that scholarship will be based on is *Career Interest* by the board of directors:

- Originally that Motivating board members
- Follow instructions; 5 paragraph essay
- Transparent & Commitment shown to this program

When you complete this form, your information may also be added to the Arizona School of Myotherapy newsletter. Please note that you must answer all fields in the form to be eligible for scholarship consideration.

Tips for success:

- Be you! Let your personality shine.
- Stand out from the crowd by sharing your unique story.
- Remember, essays will be evaluated on quality, originality, authenticity, and impact.

Important Dates:

Spring scholarship application period: Nov 1st - Jan. 8th. Recipients notified by no later than January 8th.
Fall scholarship application period: June 1st – August 1st. Recipients notified by no later than August 10th.
If you are selected for a scholarship, a representative from Arizona School of Myotherapy will contact you. If you are not chosen for one award period, you may reapply for the next period if you maintain eligibility.

SCHOLARSHIP FORM

First Name: _____

Last Name: _____

Address :_____

City: _____

State:_____

Zip/Postal Code: _____

Email Address: _____

Mobile Phone: _____

Cosmetology School Name _____**Arizona School of Myotherapy, LLC** _____

License Type You are Pursuing: _____

School Start Date: _____

Expected Graduation Date: _____

What excites you about the Massage Therapy industry and why?

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By submitting your information, you acknowledge that you are giving consent to receive email communication from Arizona School of Myotherapy, LLC.

May not be used with any additional scholarships.