

**LLOYD CAMPUS**  
1542 NE WEIDLER ST.  
PORTLAND, OREGON 97232  
**(503) 239-0838**  
Fax: 503-239-0844  
kate.angellotti@phagans.com



**CLACKAMAS TOWN  
CENTER**  
12000 S.E. 82<sup>ND</sup> AVE., ST. 4010  
HAPPY VALLEY, OREGON 97086  
**(503) 652-2668**  
Fax: 503-652-2786  
andrea.minor@phagans.com

~ knowledge is beautiful ~

## APPLICATION

*Please complete application thoroughly and accurately. Fax or email to Phagans Admissions when ALL areas have been completed.*

HIGH SCHOOL \_\_\_\_\_ HIGH SCHOOL ADDRESS \_\_\_\_\_

PROGRAM:  COSMETOLOGY  ESTHETICS  NAILS  BARBERING Start Date: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT PHONE: \_\_\_\_\_ STUDENT EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

GRADUATION DATE/DATE RECEIVED DIPLOMA \_\_\_\_\_

I hereby apply for a PHSS (Phagans High School Scholarship) and affirm that the information contained in this application and accompanying material is accurate and complete to the best of my knowledge.

\_\_\_\_\_  
HIGH SCHOOL COUNSELOR SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
FUTURE STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\*Students must abide by the standards of conduct stated in the Phagans School of Hair Design Student Catalog.

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