

Washington County School District Cosmetology Application

To qualify for **funding reimbursement**, the Cosmetology College will meet the following assurances:

- 1) Maintain their **Utah DOPL** standing and **NACCUS** accreditation.
- 2) **Match tuition funding** to each student that is provided by WCSD.
- 3) Meet all **procedures and deadlines** listed below.

The following timeline must be followed to qualify for funding reimbursement:

- 1) Within the **first two weeks** of the school year (or semester), the student must attach a printed copy (from Power School) of their class schedule to this form (this schedule must be signed by the student's Guidance Counselor).
- 2) At the **end of each quarter**, the Cosmetology School will **submit grades** to the student's Counselor for recording (all grades must be recorded quarterly on the student's transcript).
- 3) The Cosmetology School can request reimbursement from WCSD-CTE **the month after each semester** (a copy of the student's transcript, indicating grade/credits earned must be included with the statement).
- 4) Students **must be enrolled in a credit bearing course at their local high school**.
- 5) Students **must be passing all enrolled courses**.

The following illustrates the reimbursement for Senior students (based on the eight period block):

(4) Four periods of **'passing/recorded'** Cosmetology credit = **up to \$750 from WCSD** (per semester)

(The **maximum total reimbursement amount per student is \$1,500**, Juniors will receive up to half this amount for two years).

The following Cosmetology Schools are educational partners with WCSD (listed alphabetically):

-WCSD encourages students and parents to tour as many school campuses as possible-

- Evans Hairstyling College** – 955 East Tabernacle, St. George – 673-6128
- Hairitage Hair Academy** – 1487 South Silicon Way, St. George – 673-5233
- Taylor Andrews Academy**– 42 South River Road, St. George – 673-8150

Student is attending _____ High School

Student will be attending _____ Cosmetology School

Student (please PRINT name and sign) _____ Date _____

Parent (please PRINT name and sign) _____ Date _____

Cosmetology School Representative Signature _____ Date _____

WCSD-CTE Director Signature _____ Date _____