## Washington County School District Cosmetology Application (January 2018)

To qualify for **funding reimbursement**, the Cosmetology College <u>will meet the following assurances</u>:

- 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

□ Paul Mitchell 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