



# River Rock Ripple Effect Grant

## (Professional Pool Renewal Grant)

# Application

The River Rock Ripple Grant program was developed to help to replenish the pool of professional electrologists by offering tuition assistance to individuals who will be working in an existing electrology practice or replacing another electrologist who is leaving the profession for reasons such as retirement. We are pleased to assist those who are already helping to grow the profession add to their staff and those who are leaving the profession to continue to share the amazing effects of electrolysis to the public by assisting those applicants in achieving their personal goals and earning an electrology license. Please complete this form and return it with to the River Rock Electrology Institute with your Application Form if you wish to be considered for a grant. Recipients are chosen based on scholarship availability and potential for success in the field, and their application essay.

**If you would like to attach a single sheet with additional information or longer essay response we will be happy to include that for the selection committee to review.**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Date of birth \_\_\_ / \_\_\_ / \_\_\_

Social security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Note: All private information will be used for identification and verification purposes only

Name last school attended and degree/diploma earned \_\_\_\_\_

If you will be working for an existing electrology practice or replacing an existing electrologist where will you be working? (Name of the practice)

Printed name of the owner of the practice you will be employed/are replacing: \_\_\_\_\_

Signature of the Practice Owner certifying you will be hired/act as their replacement after graduation and/or licensure obtainment \_\_\_\_\_

Type of epilator you will be working on after graduation: \_\_\_\_\_

Modalities in use at the practice you will be working at: \_\_\_\_\_

Name and fax number of your local Newspaper: \_\_\_\_\_

How did you hear about the Grant Program? \_\_\_\_\_

How would this Grant help you to extend the effects of electrolysis to the public at large? If you are replacing an electrologist, why are they leaving the field and how can this assist you in continuing their professional legacy?

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**I hereby apply for the River Rock Ripple Effect Professional Pool Renewal Grant and affirm that the information contained in this application and accompanying material is accurate and complete to the best of my knowledge.**

Signature \_\_\_\_\_ Date \_\_\_\_\_