Washington County School District Cosmetology or Esthetician Application

(January 2021)

To qualify for funding reimbursement, the Cosmetology or Esthetician 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 or Esthetician School will submit grades to the student’s Counselor or Registrar for recording (all grades must be recorded quarterly on the student’s transcript).
3) The Cosmetology or Esthetician 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 or Esthetician 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 or Esthetician Schools are educational partners with WCSD (listed alphabetically):

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

- Evans Hairstyling College – 1028 East Tabernacle, St. George – 673-6128
- Paul Mitchell Academy – 1487 South Silicon Way, St. George – 673-5233
- Taylor Andrews Academy – 2214 East Riverside Rd, St. George – 673-8150

Student is attending __________________________________________________________ High School.

Student will be attending __________________________________________________________ Cosmetology/Esthetician School.

Student (please PRINT name and sign) ______________________________________ Date _________

Parent (please PRINT name and sign) ______________________________________ Date _________

Cosmetology/Esthetician School Representative Signature __________________________ Date _________

WCSD-CTE Director Signature _____________________________________________________ Date _________