

The Corinne's Believers Memorial Scholarship
Intention to Apply

Complete the form below if you plan to apply to Aveda and you are interested in the Corinne's Believers Scholarship.

Name: _____

High School you will graduate from in spring: _____

Approximate date of enrollment in Aveda Institute: _____

Phone number where you can be contacted: _____

Email where you can be contacted: _____