

You Are Our Legacy

The International Dermal Institute (IDI) has updated our Legacy scholarship program, giving YOU, the student, more chances to qualify and enhance your skills with a postgraduate education at IDI.

What is Legacy?

Insanely great skin care is more than great hands, great techniques and great products – it is really about passion and dedication. The purpose of Legacy is to seek out the most passionate, gifted newcomers to the world of professional skin care and reward them.

Each Legacy scholarship will consist of 100 hours of education at The International Dermal Institute. This scholarship has an estimated dollar value of a minimum of \$1,600, depending upon which package the student selects.

Who is Eligible for a Legacy Scholarship?

This program is intended for students who are new to the industry and IDI, defined as those who are within 2 months of graduation, or licensed skin therapists who have been in the industry for less than one year.

Partnership school students who are waiting to take their exam are also eligible.

How are the Recipients Selected?

A panel at The International Dermal Institute headquarters in Los Angeles, California reviews all submissions and agrees on up to ten recipients per IDI calendar term (3 times/year). Recipients will have 12 months to complete their awarded hours.

Is the Legacy Scholarship Based on Financial Need?

No. The Legacy program was created to identify, seek out and nurture professional potential and excellence, regardless of financial circumstances. We will not research your income or other financial records. Submissions are judged on the applicant's level of motivation, sincerity, originality and passion for a career in skin care!



Postgraduate Education in Skin and Body Therapy

(888) 29-CLASS (25277) dermalinstitute.com

Your Submission will Consist of:

1. Completed application (application on reverse or online at dermalinstitute.com).
2. Creative entry with summary of entry. (See reverse for guidelines.)
3. Summary description of submission. (No more than 50 words.)
4. Letter of recommendation from your school or instructor. Please note: we will contact these references when evaluating all finalists.
5. Photocopy of your license (if applicable).

All components must be sent together. Incomplete entries will not be considered.

By submitting your application, you grant The International Dermal Institute permission to use your name, photography, video image written materials, etc. in marketing materials.

Submission Due Dates

Calendar Term	Submission Due Date (postmarked by)	Awarded By
Feb - June	June 1	July 1
June - Oct	Oct 1	Nov 1
Oct - Feb	Feb 1	March 1

How do I apply?

Creative Submission Guidelines

Important:

All creative submissions, regardless of selected medium, must address this theme:

“Why Professional Skin Care is My Passion”

Choose any format that you're comfortable with and that expresses you and your passion for skin care:

- Maximum 5 minute videotaped presentation
- Maximum 5 minute audiotaped statement
- Original rap or song, sung by you (audio/video cassette)
- Website all about you and your passion for skin care
- Descriptive scrapbook
- Essay (1,000 words, typewritten) or poem
- Drawing or painting
- Any other creative idea!

More Important Stuff:

- Your submission, regardless of medium, must address the key theme.
- Do not e-mail any submissions. Package and mail all components of your submission together. Incomplete submissions will not be considered.
- Label every component of your submission with your name, address and phone number.
- Projects/Submissions become property of IDI and will not be returned.

All materials are to be sent to the following address:

Attn: Education Coordinator
Legacy Scholarship Program
The International Dermal Institute
1535 Beachey Place
Carson, CA 90746



(888) 29-CLASS (25277) dermalinstitute.com

Application Form

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip Code _____

Home Tel () _____ Other Phone Number(s) () _____

E-mail Address(es) _____

If you are a student, please provide the following information:

Name of School _____ Tel () _____

Address of School _____

City _____ State _____ Zip Code _____

Teacher/administrator providing letter of recommendation

Name _____ Tel () _____

Have you received your state license? (If yes, please attach a photocopy) Yes No