



FITE Scholarship Program

This special scholarship program is for dependents of current full-time U.S. Dermalogica employees who will be attending college, trade or technical school in the coming school year.

If you are a dependent of a current full-time U.S. Dermalogica employee and you plan to continue your education after high school, or are currently attending an undergraduate institution, you are eligible to apply for a scholarship through the FITE Scholarship Program. If you plan to attend college, trade or vocational school in the fall of 2011, this program offers you the opportunity to be selected for an award of up to \$3,500 toward the cost of your continued undergraduate education (including tuition, books and required fees).

All applications will be evaluated by Scholarship Management Services, an impartial scholarship company. Consideration will be given to many factors, such as grades, college entrance exam scores, extra-curricular activities, paid and volunteer work, awards, and your goals for the future. Your parent's work status may also be given consideration.

(see next page for full details)

who can apply?

- Dependents, age 25 and under, of current full-time U.S. Dermalogica employees. Dependents are defined as naturally-born children, legally-adopted children or stepchildren of a Dermalogica employee or the employee's spouse/domestic partner. The dependent must be living in the Dermalogica employee's household or primarily supported by the Dermalogica employee. Students who applied for and/or received a previous Dermalogica Foundation Scholarship are eligible to apply again; however, preference may be given to students or families who have not received an award previously.
- The Dermalogica employee must have a minimum of one year of full-time employment within the company as of **January 4, 2011** and must be in good standing. Employees must also be in good standing at the time award checks are issued in August and December.
- High School seniors or students currently enrolled in an undergraduate two or four-year college, trade or vocational school.
- Dependents of Dermalogica Officers or Dermalogica Foundation administrators are not eligible.

how do you apply?

- Dermalogica employees can request an application from the Corporate Office Manager or print one from the Dermalogica Intranet (go to Forms, Human Resources/Payroll, FITE Scholarship Application).
- Fill out your application thoroughly. Be sure to highlight work experience, volunteer work, and examples of leadership.
- Include an official transcript of grades along with your application.
- Ask your school counselor, advisor, instructor or work supervisor to complete the Applicant Appraisal form and return it to you in a sealed envelope.
- Make sure all your application materials (application, transcripts and applicant appraisal form) are postmarked and mailed directly to Scholarship Management Services no later than **May 31, 2011**.

what happens next?

- Scholarship Management Services will contact you if any part of your application is incomplete.
- Scholarship Management Services will review all complete scholarship applications. Applications will not be seen by anyone at Dermalogica or the Dermalogica Foundation.
- On or about June 30, 2011 Scholarship Management Services will send notification letters to all recipients and non-recipients. Up to three scholarships will be awarded in 2011 and the maximum award will be \$3,500 per scholarship. Scholarships will be provided for the 2011/12 school year only.
- On approximately August 15, 2011 Scholarship Management Services will mail first-half scholarship checks to student recipients provided that their parent is still employed with Dermalogica at that time and in good standing. Scholarship checks will be made payable to the college, technical or vocational school which the recipient will be attending.
- On approximately December 15, 2011 Scholarship Management Services will mail second-half scholarship checks to student recipients provided that their parent is still employed with Dermalogica at that time and in good standing.

For more information, contact Robert Sorensen in Corporate Affairs at (310) 900-0833 or rsorensen@dermalogica.com or Scholarship Management Services at (507) 931-1682.



Scholarship Application

Application Postmark Deadline: May 31, 2011

FOR SCHOLARSHIP
MANAGEMENT
SERVICES USE ONLY

ID #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

Information About You – The Person Applying for a Scholarship (be sure to print clearly)

Last Name: _____ First Name: _____ Middle Initial: _____
 Permanent Mailing Address: _____ Apt.# _____
 City: _____ State: _____ Zip Code: _____
 Daytime Telephone:(_____) _____ - _____ Date of Birth: ____/____/____ Male Female
 E-mail: _____

Information about Your Parent or Legal Guardian – The Dermalogica Employee

Last Name: _____ First Name: _____ Middle Initial: _____
 Permanent Mailing Address: _____ Apt.# _____
 City: _____ State: _____ Zip Code: _____
 Daytime Telephone:(_____) _____ - _____ Work Telephone:(_____) _____ - _____
 Date Hired by Dermalogica: ____/____/____ City/State: _____
 Current Job Title: _____ Department: _____
 Applicant's Relationship to Dermalogica Employee: _____

Applicant: Please provide information about yourself in the sections below.

High School Information

School Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone:(_____) _____ - _____ Attended From: ____/____/____ to ____/____/____
 High School Graduation: Month ____/ Year ____ Actual Graduation Expected Graduation

Post Secondary School Information

Name of post-secondary school you are attending or plan to attend. (If unknown, please list, in order of preference, the schools to which you have applied.) Use official school names.

Name: _____ City/State: _____ Country: _____
 Name: _____ City/State: _____ Country: _____

4-year undergraduate college or university 2-year community or junior college
 Vocational-technical school Other: _____

Year in post-secondary program Fall, 2011: 1 2 3 4 Other, explain: _____

Expected College Graduation Date: Month ____/ Year ____

If school is a public institution, applicant will pay: In-State Tuition Out-of-State Tuition



Transcript Information

An official transcript of grades must be sent with this application. Online transcripts and grade reports are not acceptable.

1. Students currently or previously enrolled in college or vocational-technical school must include all college or vocational-technical transcripts from each school attended.
2. High school seniors and students who have completed less than one full quarter or semester of post-secondary education must include a high school transcript of grades.

I am enclosing transcripts from the following school(s): _____

Activities, Awards and Honors

List all extracurricular activities (in and outside of school) in which you have participated during the past four years (e.g., student government, music, sports, volunteer work, scouts, etc.). Indicate all special awards, honors and offices held. (Attach extra paper if necessary. Follow the same format.)

Activity/Organization	Number of Years	Special Honors and Awards	Offices Held

Work Experience

Describe any paid work experience during the past four years (e.g., part-time, full time and summer).

Employer/Position	From (MM/YY)	To (MM/YY)	Hours Per Week



Scholarship Application

Application Postmark Deadline: May 31, 2011

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria set forth by the Dermalogica Foundation. This application becomes the property of Scholarship Management Services. It is recommended that you keep a copy for your files.

For the Applicant:

I acknowledge the decisions of Scholarship Management Services are final. I certify that I meet the eligibility requirements of the program as described in the guidelines. I also certify that the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of the information provided, including an official transcript of grades. I understand that falsification of information may result in termination of any award granted as well as reimbursement of any funds already received.

_____/_____/_____
Applicant's Signature Date

For the Dermalogica Employee:

*I certify that I am a current full-time U.S. Dermalogica employee who has been employed by Dermalogica for a minimum of one (1) full year as of **January 4, 2011** and that I am in good standing with Dermalogica. I understand that I must also be an employee in good standing at the time award checks are issued in August and December.*

_____/_____/_____
Dermalogica Employee's Signature Date

Attention Applicant:

Mail application, transcript, and sealed envelope containing Applicant Appraisal Form to:

FITE Scholarship Program
c/o Scholarship America
One Scholarship Way
P.O. Box 297
St. Peter, Minnesota 56082

Please be sure to have all materials postmarked no later than May 31, 2011.

Thank you for applying.



Applicant Appraisal Form

To the Applicant: Please complete the top portion of the Applicant Appraisal form and then give the form to a school counselor, advisor, instructor or work supervisor who knows you well. Please note that the appraiser can not be a relative of the applicant.

To the Appraiser: The FITE Scholarship Program awards scholarships to dependents age 25 and under of full-time Dermalogica employees. Recipients are chosen based on the applicant's determination to make the most of his/her planned educational opportunities as well as his/her contribution to the community and/or school. You have been asked to provide information in support of this scholarship application. Please complete the following appraisal, keeping in mind the award criteria listed above. **Please complete this section as soon as possible and return it to the applicant in a sealed envelope no later than **May 22, 2011**. A letter of recommendation does not replace this form.**

To be completed by Applicant:

Applicant's Name: _____

High School Attended: _____

High School Graduation: Month _____ / Year _____ Actual Graduation Expected Graduation

Name of post-secondary school you are attending or plan to attend. (If unknown, please list, in order of preference, the schools to which you have applied.) Use official school names.

Name: _____ City/State: _____ Country: _____

Name: _____ City/State: _____ Country: _____

Proposed Major or Focus of Study (if known): _____

To be completed by Appraiser:

Applicant's choice of postsecondary educational program is	<input type="checkbox"/> Extremely appropriate	<input type="checkbox"/> Very appropriate	<input type="checkbox"/> Moderately appropriate	<input type="checkbox"/> Inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of applicant's commitment to school and/or community is:	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find and use learning resources	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The Applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

(continued on next page)



Applicant Appraisal Form
(continued)

Applicant's Name: _____

Would you recommend applicant for this scholarship? Why or why not?
[Multiple horizontal lines for response]

Appraiser's Name: _____ Job Title: _____

School, work or other program in which Appraiser has interacted with Applicant: _____

Business Name: _____

Business Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone:(_____) _____ - _____ Work Fax:(_____) _____ - _____

E-mail: _____

Appraiser's Signature _____ /_____/_____/
Date