



school of advanced skincare

# featured graduate

Name:	Today's Date:	Graduation Year:
Name of Business:	Website:	
Phone Number:	Hours/Days of Operation:	
Small Bio (approx. 100 words):		
Your area of expertise:		
What you love about esthetics:		
What do you value most about your education through Skinworks:		

**Attach:**

- Logo
- Photo of you

**Permission to link:**

I \_\_\_\_\_ (owner of site) give permission to Skinworks School of Advanced Skincare to link \_\_\_\_\_ (website) to our for the purpose of directing Skinworks customers to the mentioned site.                      Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing below, I will provide necessary changes to Skinworks within 5 days of any change:

\_\_\_\_\_  
Graduate Signature

\_\_\_\_\_  
Date

Please email completed application, with attachments to Natalie Parkin at [natalie.parkin@skinworks.edu](mailto:natalie.parkin@skinworks.edu), if you have any questions you may call 801.530.0001.