

REVEALING  
BEAUTIFUL SKIN™

EUROPEAN  
WAX  
CENTER®

## European Wax Center

### “Experts in Wax, Champions in Confidence” 2023 Scholarship Program

#### Employment Verification Form

#### Summary of Applicant Employment Requirement

European Wax Center is a national brand made up of many individually owned and operated businesses. The European Wax Center “Experts in Wax, Champions in Confidence” 2023 Scholarship (the “Scholarship”) is open only to European Wax Center franchise network associates that have been employed by an independently owned and operated European Wax Center franchise location or corporate center (each, a “EWC Business”) for at least three (3) consecutive months measured at the time of submission of the application for the Scholarship and as verified by this Employment Verification Form.

#### Applicant Employment Verification

Applicant’s Email: \_\_\_\_\_

Applicant’s Cell Phone: \_\_\_\_\_

#### Applicant’s Experience with EWC Businesses:

EWC Business (List Center #)	Start Date (Include Month/ Day/Year)	End Date (Include Month/Day/Year) (If Current, leave blank)

By signing below, I represent and warrant to EWC Ventures, LLC (“EWC”), understanding that EWC is relying on the accuracy of the information I am providing in this application, that:

I understand and agree that all information furnished above may be verified by EWC or its authorized agents or representative(s) with each EWC Businesses, and that I waive any right I may have to be notified by any named EWC Businesses prior to the release of any information to EWC or its agents or representatives;

I understand that EWC and/or its applicable agents and representatives may provide this Employment Verification Form to each EWC Businesses identified above to verify my eligibility for the Scholarship, and I further authorize all representatives of such EWC Businesses to give and release to EWC and its agents and representatives all information relative to such verification, including, without limitation, start and end dates, and to provide any additional information that may be necessary or reasonable requested by EWC or its agents or representatives in connection with verifying my eligibility for the Scholarship; and

I understand that employment with the European Wax Center franchise network is only one of the criteria for eligibility for the Scholarship, and that additional eligibility requirements will apply.

**I hereby acknowledge that I have read all the information provided in this form in its entirety and that I fully understand and agree all such information and its significance (including the representations and warranties set forth above); that I have signed this form and of my own free will; and that I intend to abide by its provisions without exception.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

---

**(FOR INTERNAL PURPOSES ONLY):**

**Employment Verification Form, along with attached EWC BUSINESS VERIFICATION PAGE, may be circulated to each identified EWC Business above.**

REVEALING  
BEAUTIFUL SKIN™

EUROPEAN  
WAX  
CENTER®

**EWC BUSINESS VERIFICATION PAGE**

<b>EWC Business (List Center #)</b>  <b>*Include only those EWC Businesses which you represent.</b>	<b>Print Name</b>	<b>Title</b>

**I hereby certify that I am an authorized representative for each EWC Business set forth above on this EWC Business Verification Page, and that the information included on the Employment Verification Form for the named applicant and related to each such EWC Business to which I represent is true and accurate.**

**Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

