



\$25 application fee
please attach to this application

APPLICATION FOR ADMISSION

| | | | | |
|-----------------|--------|----------------------------|------|------------------|
| Name | | Date of Birth (00/00/0000) | | |
| E-mail address | | Social Security # | | |
| Present Address | street | apt # | city | state |
| | ZIP | phone # | | May we text you? |

Are you 18 or older? yes no Are you interested in *full time* or *part time* enrollment?

Which start date are you applying for?

Are you or have you previously attended cosmetology school? where?

EDUCATION

| | | | |
|---------------------------------------|---|------------------|--|
| High School | Did you graduate <input type="checkbox"/> yes <input type="checkbox"/> no | GED? | <input type="checkbox"/> yes <input type="checkbox"/> no |
| College | Did you graduate <input type="checkbox"/> yes <input type="checkbox"/> no | subjects studied | |
| Trade School (other than cosmetology) | Did you graduate <input type="checkbox"/> yes <input type="checkbox"/> no | subjects studied | |

QUESTIONS

Why are you pursuing a career in cosmetology?
(use back if necessary)

How do you feel about team work? Give an example.
(use back if necessary)

What are you passionate about in your personal life?
(use back if necessary)

Have you been convicted of a felony within the last 5 years? yes no

please explain, this will not necessarily exclude you from consideration

REFERENCES (NOT RELATED TO YOU)

| | | |
|------|-------|----------|
| name | phone | relation |
| name | phone | relation |
| name | phone | relation |

comments

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted, falsified statements on this application shall be grounds for dismissal.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Signature _____ date _____

Do you have more to say? Write it down here.

Why are you pursuing a career in cosmetology?

How do you feel about team work?

What are you passionate about in your personal life?

FOR OFFICE USE ONLY

DATES OF CONTACT _____

| NEW STUDENT REGISTRATION | |
|---|---------------------------------|
| ENROLLMENT DATE | RE-ENROLLMENT DATE |
| NAME OF SCHOOL CONTACT | |
| COURSE ENROLLED | TOTAL HOURS STUDENT IS ENROLLED |
| FULL TIME or PART TIME | |
| PAYMENT SCHEDULE <input type="checkbox"/> FULL TUITION IN ONE PAYMENT <input type="checkbox"/> MONTHLY <input type="checkbox"/> TWICE MONTHLY | |
| SCHOLARSHIP OFFERED? | FURTHER SCHOLARSHIP INFO |
| IS THIS STUDENT TRANSFERRING FROM ANOTHER SCHOOL? | |
| IF YES, HOURS ACCEPTED? | NAME OF SCHOOL/PHONE NUMBER |
| EMERGENCY CONTACT | NAME AND RELATION |
| | PHONE NUMBER |

INSTITUTE OFFICIAL SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____