



ENROLLMENT APPLICATION

Program of Interest: [ ]Cosmetology [ ]Esthetician [ ]Undecided Desired Start Date: \_\_\_\_\_

- If you attended an Admissions Appointment, was it more than 6 months ago? [ ]Yes or [ ]No

Name: \_\_\_\_\_
Last First Middle

Street Address City State Zip

Phone # to best reach you: May we contact you by e-mail? Yes [ ] No [ ]
( ) ( ) E-mail: \_\_\_\_\_
[ ] Home [ ] Mobile [ ] Home [ ] Mobile

Social Security # - - Date of Birth: Age: \_\_\_\_\_

Government Issued ID #: State: Expiration Date: \_\_\_\_\_
(Example: Drivers License or Passport)

Current BBC License, if applicable: [ ] Cosmetologist [ ] Esthetician License No. Exp Date: \_\_\_\_\_

Ethnic Group: (This information is required for statistical reporting to the US Department of Education)
1. [ ] African-American 2. [ ] American/Alaskan Indian 3. [ ] Asian 4. [ ] Hispanic 5. [ ] Caucasian

Educational Information:

- 1. Did you graduate from High School in the United States? [ ] Yes [ ] No
a. If "No," have you taken and passed a GED test? [ ] Yes [ ] No
If you answered "No" to the above, please contact an Admissions Representative.
2. Circle the highest grade completed: 10th 11th 12th College: 1 2 3 4 5+ GPA: \_\_\_\_\_

Last High School Attended City / State: \_\_\_\_\_

Is this your first time attending college? [ ] Yes [ ] No
If no, list all schools attended beyond high school:

School: City/ State: School: City/ State

Work History (Current or Most Recent):

Employer: From: To: \_\_\_\_\_

Position Held: [ ] Clerical [ ] Customer Service [ ] Retail [ ] Industry Related [ ] Other: \_\_\_\_\_

Personal Information:

- 1. [ ] Female [ ] Male
2. Marital Status: [ ] Single [ ] Married [ ] Separated [ ] Divorced [ ] Widowed [ ] Domestic Partnership
3. Housing during enrollment: [ ] With parents [ ] Own place
a. Approximately how many miles away from school do you live? \_\_\_\_\_
4. Citizenship Status: [ ] US Citizen [ ] Permanent Resident [ ] Other
If asked, can you provide proof of citizenship or INS permanent residency document status? [ ] Yes [ ] No
Alien Data: Card Type: Reg. # Admission Date Expiration Date \_\_\_\_\_
5. Number of dependents: (List below)

Name Age Name Age

Name Age Name Age

(Please also complete information requested on reverse side)

6. Do you have any allergies to products, latex, etc.? Yes No If yes, please explain: \_\_\_\_\_

7. Are you taking any medication which you would like to make the College aware of ? Yes No

a. If yes, please list the medications you are taking: \_\_\_\_\_

8. Have you ever been convicted of a criminal offense, felony, or misdemeanor (or entered a plea of nolo contendere) other than a minor traffic violation? Yes No If yes, briefly explain: \_\_\_\_\_

**If you answered yes, please see an Admissions Representative. An additional application may need to be completed for the Board of Barbering & Cosmetology. This question may determine your eligibility to take the state exam and enroll in school.**

**Financing/Financial Aid:**

1. Are you interested in applying for financial aid? ([www.fafsa.ed.gov](http://www.fafsa.ed.gov))  Yes  No

2. Do you have funds saved for college?  Yes  No

3. Have you ever received financial aid?  Yes  No

If "Yes," Where: \_\_\_\_\_ When: \_\_\_\_\_

4. Have you defaulted on a student loan or do you owe a refund of federal funds?  Yes  No

5. Has your financial situation changed from the last tax year?  Yes  No

6. If "Yes" briefly explain: \_\_\_\_\_

(Example: unemployment, loss of business/work, bankruptcy, unusually high medical expenses, childcare costs)

7. Financial aid ***will not*** cover the \$2,000.00 down payment required.

Are you financially prepared to provide the down payment on your class orientation date?  Yes  No

**References:** (can include family member, close friend, employer or previous employer)

\_\_\_\_\_  
Reference Relationship

\_\_\_\_\_  
Address City State Zip Phone #

\_\_\_\_\_  
Reference Relationship

\_\_\_\_\_  
Address City State Zip Phone #

**The information that you provide on this application will be kept confidential, and will help determine your ability to benefit from the program. Your information will be kept on file for 6 months. If no further contact after 6 months, all files will be purged.**

**I certify that all information provided on this form is true and correct to the best of my knowledge. I also understand that I may be required to provide supporting documentation of the information reported. Falsifying information may result in denial of enrollment or expulsion from school.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_