

Lytle's Redwood Empire Beauty College
School of Cosmetology & Esthetics

5. Number of dependents: _____ (List below)

_____ Name	_____ Age	_____ Name	_____ Age
_____ Name	_____ Age	_____ Name	_____ Age

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) | 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 <i>will not</i> cover the \$2,000.00 down payment required. | | |
| Are you financially prepared to provide the down payment on your class orientation date? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

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

_____ Reference	_____ Relationship
_____ Address	_____ Phone #
_____ City	
_____ State	
_____ Zip	
_____ Reference	_____ Relationship
_____ Address	_____ Phone #
_____ City	
_____ State	
_____ Zip	

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:** _____

Revised 05/19/2025