



STUDENT APPLICATION

Student Name: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Social Security Number: _____ - _____ - _____ DOB: _____

Emergency Contact: _____ Phone: _____

Which program are you interested in? Cosmetology Esthetics Nail Technology

Start Date? _____ Are you left or right handed? Left Right

Why have you chosen a career in the beauty industry? _____

What areas of this industry are you most interested in? _____

Education:

High School or GED: _____

College: _____ Degree Earned: _____

Employment:

Occupation: _____ Work Phone: _____

References:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____