

APPLICATION FOR ENROLLMENT

Date _____, 20____

Name _____
Last First MI Maiden

Permanent Address _____
Street City State Zip County

Current Address _____
Street City State Zip County

Permanent Phone Number () _____ Current Phone Number () _____

Cell Phone Number () _____

Email Address _____ Date of Birth ____/____/____

Social Security Number _____

Type of course for which I am enrolling

- ☐ Cosmetology1550 hours
(Includes four courses; hairstyling, nail technician, esthiology, and hair extensions.)
- ☐ Nail Technician Course350 hours
- ☐ Esthiology Course600 hours

Select Schedule

- ☐ Full Time - Grant Schedule
- ☐ Full Time - Special Schedule
- ☐ Part Time

Date of class for which I am enrolling: _____

Class Dates: ... Circle class date desired. **ENROLL EARLY!**

Cosmetology Dates

2014

October.....13th
October.....27th
November.....10th
November.....24th
December.....1st

2015

*January.....5th
February.....2nd
March.....2nd
April.....6th
May.....11th

*June.....15th
July.....20th
August.....3rd
September.....14th

October.....26th
*November.....9th
December.....7th

* Tuition Grant Credit Doubled - Jan., June, and Nov. class starts (Limited Availability)

Your Education (highest level completed) _____ GED _____

High School Diploma _____ Vocational Certificate _____ College Graduate _____

Name of high school attended _____

List names of schools attended after high school.....Post-Secondary

Name _____ Dates Attended _____

Name _____ Dates Attended _____

Name _____ Dates Attended _____

Do you have a student loan for attendance at any school? Yes _____ No _____

Are you in default or ever defaulted on a student loan? Yes _____ No _____

How do you plan to finance your education?

Personal Payments _____ Federal Grants _____ Federal Loans _____

State Grants _____ College Grants _____

Other _____

continued on back

PLEASE READ CAREFULLY BEFORE SIGNING:

I have been provided with a school catalog and a packet of information on employment opportunities; compensation; physical demands of the profession; and completion, placement, and licensing examination pass rates. I understand that the accompanying \$100.00 registration fee will be refunded ONLY if my application is not accepted, or if I cancel my registration and request my money back WITHIN (3) BUSINESS DAYS of submitting this registration. If I do not attend the class for which I am registering, AND I NOTIFY THE SCHOOL IN AT LEAST 60 DAYS PRIOR TO THE DATE OF THE CLASS. I understand that I may apply my current registration fee towards registration in another class scheduled to start within one year of the date on this registration form. Otherwise, I agree to forfeit my registration fee. All other information is confidential and used exclusively for enrollment purposes.

Signature _____ Date _____

Campus Housing Reservation Form

Housing Deposit is \$200; however, \$100 will hold space.

Class date you select on enrollment application form: X

College grants and awards will reduce costs listed below if your application and housing reservation is received before the yearly deadline

- | | | |
|--------------------------|-------------------|---|
| <input type="checkbox"/> | Double Room ----- | Partially Furnished \$169. -- <u>*utilities fixed</u>
College Provides Bunk Beds / Furnishes Common Areas |
| <input type="checkbox"/> | Single Room ----- | Partially Furnished \$239. -- <u>*utilities fixed</u>
College Furnishes Common Areas |

Enclose full housing deposit of \$200 or partial housing deposit of \$100 with your enrollment fee of \$100.00.

We will then reserve your housing requested. **All rents and fees are paid quarterly or by semester.** Room refrigerators, space heaters, and window air conditioners will increase rent costs

***Hassle Free= All utilities paid:** heat, electricity, water, rubbish removal, snow plowing, help with rental maintenance, on staff maintenance person and care taker always available \$79.00

Counselor Grant-N-Aid --- Counselor issued grants or college issued awards for rent and tuition are applied to final months costs or grant value is issued by check upon graduation

- ☐ I wish to Reserve Student Parking at \$30 per month. Parking is near your house.
Parking will be reserved once full deposit is received -- Early enrollment is advised

Please Read Before Signing

I understand the conditions of college issued grants regarding attendance and satisfactory progress. Rents are to be paid in a timely manner either quarterly or by semester. I will maintain my housing area in a respectful manner.

I understand that the accompanying housing registration and deposit fee will be refunded only if my application is not accepted, if I cancel my registration and request my money in writing WITHIN (3) BUSINESS DAYS of submitting this registration or my entire housing contract is fulfilled at which point it serves as your damage deposit.

Signature _____ Date _____