



# COSMETOLOGY AND ESTHETICS PROGRAM

## Application for Admission

Print last name here \_\_\_\_\_

Date \_\_\_\_\_

### APPLICATION PROCEDURES

We are very pleased you have chosen to apply for admission to the Cosmetology or Esthetics program offered through the Academy for Salon Professionals. This packet contains the form(s) needed for the application process.

**Prior to the time of your first enrollment**, you must submit an Application for Admission and pay the required \$75.00 application fee. The application will not be processed if the packet is incomplete. The application fee is non-refundable. Additional guidelines may be found in the AFSP Applicant Checklist, available from the Office of Admissions.

For your application to be complete, you should do the following:

- Step 1: Contact an Admissions Representative in the Office of Admissions to learn about programs, schedule a career planning session, and take a school tour.
- Step 2: Complete the Application for Admission and pay the \$75.00 application fee (non-refundable).
- Step 3: Hand in, fax, or mail in **ALL** required documents –
  1. A copy of your Social Security card.
  2. A copy of your driver’s license or other proof of age.
  3. Official high school or college transcript or copy of diploma.
  4. If not already paid, \$75.00 application fee.

- Step 4: Hand in, fax, or mail your application to the Office of Admissions at the number/address below:

Fax: (408) 261-9292                      or send to:                      ATTN: Office of Admissions  
 Academy for Salon Professionals  
 2238 El Camino Real  
 Santa Clara, CA 95050

- Step 5: If accepted, you are ready to enroll and will receive a Program of Study indicating your course requirements.

### PROGRAM

Program:     Cosmetology                       Esthetics / Skin Care                      (  Full-time                       Part-time )

Start date:    Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

### PERSONAL INFORMATION

Date of birth    MO    DY    YR    \_\_\_\_\_

Social Security number    \_\_\_\_\_

First name    \_\_\_\_\_

Middle name    \_\_\_\_\_

Last name    \_\_\_\_\_

Address    \_\_\_\_\_

City    \_\_\_\_\_

State    \_\_\_\_\_

Zip    \_\_\_\_\_

Cell phone (include area code)    \_\_\_\_\_

Home phone    \_\_\_\_\_

E-mail address    \_\_\_\_\_

