

COSMETOLOGY AND ESTHETICS PROGRAM

Application for Admission

Last Name

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 application states the requirements for a successful application process.

Prior to the time of your first enrollment, you must submit an Application for Admission and pay the required \$100.00 application fee. If you (1) **DO NOT** wish to pay the program price in full (2) would like to use the Academy interest-free payment plan (3) would like to use one of our alternative student loan programs, you must complete the **consumer report authorization** section. The application will not be processed if the packet is incomplete. The application fee is non-refundable.

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

- Step 1: Contact a career development advisor in the Office of Admissions to schedule a program and career information session. The session includes an in-depth tour of the school and its facilities.
- Step 2: Complete each section of the Application for Admission, including the consumer report authorization section only if you (1) **DO NOT** wish to pay the program price in full (2) would like to use our interest-free payment plan (3) would like to use one of our alternative student loan programs.
- Step 3: Compose a 500 word essay on how you think you can positively impact the world of Cosmetology or Esthetics. When you have completed the essay, you may submit via email to admissions@academyforsalonpros.com. Your essay **MUST** be in either .doc or .docx (Microsoft Word) format to be processed by our Admissions Office. Please put your name and Application Essay in the subject box of the email for faster processing.
- Step 4: Submit your application online by pressing the 'Submit Application' button at the top of the page. Your unsigned application will be sent to admissions@academyforsalonpros.com. At your enrollment appointment you will be required to sign the application for admission and submit the \$100 application fee and any deposit required as well as submit the required documents listed below.
 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 Diploma, GED, or notarized proof of a degree

APPLICATION ESSAY

In all of your writing, we want to hear your individual voice. Write an essay that will reflect who you are, using specific concrete details and write in a natural style. Feel free to ask your parents, teachers, and friends to provide constructive feedback. When you ask for feedback on an essay draft, ask if the essay's tone sounds like your voice. If your parents, teachers, and friends do not believe your essay captures who you are or what you believe, surely our Admissions Department will be unable to recognize what is most distinctive about you.

PERSONAL INFORMATION

Name _____ (_____)
Last First Middle Initial Maiden or Other Name(If applicable)

Permanent Address _____
Number Street Apt#

_____ City State Zip Code

Mailing Address _____
Number Street Apt#

_____ City State Zip Code

Telephone Number _____ Ext _____ Type of Phone # Home Business Cellular

Telephone Number _____ Ext _____ Type of Phone # Home Business Cellular

Social Security Number _____ E-mail Address _____
REQUIRED to provide support for financial, IRS, other government agencies and Financial Aid

Birth Date (month/day/year) _____ Gender: Male Female

Emergency Contact Name _____ Emergency Telephone Number _____

The following information is optional and is not used for admission to the Academy for Salon Professionals.

1. Please select the group which most closely represents you: Hispanic/Latino Non Hispanic/Latino
2. Please select one or more of the following groups which most closely represents you:

American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander Caucasian

IMPORTANT ADMISSIONS INFORMATION

Please select the course and start date(s) you are interested in:

COSMETOLOGY

May 23, 2011 full-time
July 25, 2011 full-time
September 26, 2011 full-time
September 20, 2011 part-time
November 28, 2011 full-time

ESTHETICS

May 23, 2011 full-time
July 25, 2011 full-time
September 26, 2011 full-time
September 20, 2011 part-time

Are you a veteran? Yes No

Do you plan to apply for financial assistance? Yes No

HOW DID YOU HEAR ABOUT US?

Online directory Direct mailing Personal reference Academy website Other

EDUCATIONAL HISTORY

Highest Level Completed: High School Diploma G.E.D. Have not graduated
Associate Degree Bachelors Degree
Masters Degree Ph.D.

If you have not yet graduated from High School or completed the G.E.D. course you may still apply, however, you may not enroll until after graduation or completion. Proof of graduation from high school such as a diploma or G.E.D is the minimum requirement for admission and must be submitted at or before the time of enrollment.

Name of last school

City/State

Dates of Attendance (i.e., 09/04 to 06/08): From _____
(month/year)

To _____
(month/year)

Anticipated Graduation Date: _____

GED Date (if applicable) (month/year) _____

Have you previously attended another Cosmetology or Esthetics program at another institution?* Yes No

Please list all institutions attended previously for Cosmetology or Esthetics:

Name of Institution

City/State

Dates of Attendance

*If you are a transfer student or you have previously attended another Cosmetology or Esthetics program you must arrange to have your academic transcripts, proof of training, hours and operations completed sent to the Academy for Salon Professionals prior to your intended start date. Failure to provide this information will delay your start date until the required information is furnished to the Academy for Salon Professionals.

CONSUMER REPORT AUTHORIZATION

Complete this section only if you (1) **DO NOT** wish to pay the program price in full (2) would like to use one of our alternative student loan programs (3) will be financing any remaining portion of your program not covered by Title IV funds.

In connection with this application and to be considered for any type of financing or payment plan, I understand that a consumer report, which may contain public records information, is being requested.

I wish to pay the program price in **FULL** whereby a consumer report is **NOT** being requested.

I hereby certify that I have completed all questions truthfully and that the above information is complete and accurate.

Date

Signature of applicant