



CHARLESTON COSMETOLOGY INSTITUTE

APPLICATION FOR ADMISSION: This application must be completed in full and accompanied by a non-refundable fee of \$100.00 in order for the application to be considered for enrollment.

I'm interested in this course of study: Cosmetology Esthetics Nails Teacher Training

How did you hear about Charleston Cosmetology Institute? _____

When can you begin classes? _____

Mr/Ms: _____
FIRST NAME MIDDLE NAME LAST NAME

Present Address: _____
NUMBER & STREET CITY STATE ZIP CODE

Permanent Address: _____
While in School: NUMBER & STREET CITY STATE ZIP CODE

Home Phone: _____ Cell Phone: _____

Email Address: _____ Social Security Number: _____

Country of Birth: _____ Date of Birth: _____ Age: _____

United States Citizen: Yes No Permanent Resident: Yes No

Paroled Refugee: Yes No Alien Registration Number: _____

When did you arrive in the United States? Month _____ Day _____ Year _____

List any major medical problems you may have, including any drugs you must take or are allergic to: _____

Name of High School: _____

Did you Graduate? Yes No If yes, your graduation date: _____

If no, give the last grade you completed and the date you left: _____

Do you have a G.E.D.? _____ Date received: _____

List the name, address, and dates of any previous schools and colleges attended:



"World Leader in Beauty Education"

EMPLOYMENT HISTORY

LIST BELOW THE NAMES OF EMPLOYERS BEGINNING WITH CURRENT	LENGTH OF EMPLOYMENT	CITY AND STATE	POSITION(S) HELD	MONTHLY EARNINGS	REASON FOR LEAVING

Current working hours: _____

What do you look for in a career? _____

GENERAL INFORMATION

Do you have any physical restrictions to prevent good performance on the job? _____

Have you ever been convicted of a felony? _____

How long have you been considering additional training? _____

Why have you decided to further your training at this time? _____

Have you discussed this with your parents/significant other? _____

Have you and/or your family set aside any funds for your training? _____

Will your family encourage your efforts toward a career? _____

What most interests you about this field? _____

Are you willing to apply yourself to studies, work, etc? _____

Do you know of any reason(s) why you may not be able to complete your training? _____

****REFERENCES MUST BE COMPLETE AND VERIFIABLE****

References – List three FRIENDS who can provide a character reference for you.

NAME	ADDRESS	PHONE	AGE

Have you ever received a PELL grant, guaranteed student loan, or other Title IV funds? If so, give date received:

Have you ever defaulted on a student loan? If so, are you still in default? _____

How do you intend to pay for your tuition and other educational expenses? _____

****REFERENCES MUST BE COMPLETE AND VERIFIABLE****

References – List three RELATIVES or PAST EMPLOYERS who can provide a reference for you.

NAME	ADDRESS	PHONE	AGE

Parent(s) Name: _____ Occupation: _____

Home Address: _____ Home Phone: _____

Business Address: _____ Business Phone: _____

Do you have any dependents? _____ YES _____ NO If so, how many? _____

EDUCATION

	YEARS COMPLETED	LAST YEAR ATTENDED	MAJOR FIELD OF STUDY	GRADUATE YES or NO	NAME & LOCATION OF SCHOOL
HIGH SCHOOL					
BUSINESS/TRADE SCHOOL					
UNIVERSITY or COLLEGE					
OTHER (EXPLAIN)					

GRADES: _____ Excellent _____ Good _____ Average _____ Poor

Why did you not continue your education (if interrupted)? _____

List anyone who you believe would appreciate receiving career information from Charleston Cosmetology Institute:

NAME	ADDRESS	AGE	PHONE
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NAME	ADDRESS	AGE	PHONE
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I acknowledge having read and understood this questionnaire. I also understand that the school may use any portion of the above information in considering the advisability of my admission. I also understand that any willful misrepresentation in these answers may disqualify me even after acceptance for admission.

SIGNATURE

DATE

DO NOT WRITE BELOW THIS LINE
FOR OFFICE USE ONLY

Date application received: _____

Application fee paid: _____ YES _____ NO

Proof of Education received: _____ YES _____ NO

Social Security Card received: _____ YES _____ NO

Driver's License/Photo ID received: _____ YES _____ NO

Status & Comments: _____
