



# 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"*

Member School

**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
------	---------	-----	-------

---

NAME	ADDRESS	AGE	PHONE
------	---------	-----	-------

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: \_\_\_\_\_

---

---

---

---

---

---

---

---