

INSTITUTE OF BEAUTY CULTURE APPLICATION FOR ADMISSION

Personal Data:

Last Name:		First Name:		Middle Initial	
Street Address		City		State	Zip Code
Phone No.		Email		Soc. Sec.	
Birth date		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Citizenship	<input type="checkbox"/> US <input type="checkbox"/> Alien No. A- _____ <input type="checkbox"/> Other _____
Handicap that may affect your job limitations, if any:			Veteran (US Armed Forces):		<input type="checkbox"/> Yes <input type="checkbox"/> No
As of today, are you: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed OR <input type="checkbox"/> Married					
Number of dependent children that you support more than 50% between 07/01/15 and 06/30/16					
Number of other dependents that live with you now, (other than your children or spouse) and that you provide and will continue to provide more than 50% of their support from 07/01/2015 to 06/30/2016					
Race/Ethnicity: <i>(This information is required for enrollment statistical reporting to IPEDS, a contractor of the U.S. Department of Education)</i>					
<input type="checkbox"/> Hispanic/Latino	O R	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White			

Educational Data: *Diploma, Certificate or Degrees earned that are equivalent and recognized by the United States educational system*
Please read carefully!!

HIGH SCHOOL: *(If needed, use AACRAO for reference in recognized foreign educational levels)*

Check this box **ONLY** if you completed **U.S. High School** or its equivalent HS Name _____ City _____

If you have **not** completed High School or its equivalent, provide last U.S. equivalent High School grade completed _____

Certificate, Diploma or Degrees earned within USA or abroad by the applicant: *(Check as many as applicable)*

Diploma/Certificate/Trade Associate Degree Bachelor Degree Masters Degree Ph.D. Doctorate

Last College/University Attended _____ Last Year Attended or Graduation Date _____

Financial Aid History: Have Received Aid? Yes No If yes, do you owe a refund or defaulted on a loan? Yes No

Employment Experience:

Name of current or prior employer: _____

Address: _____
(Street) (City) (State) (Zip Code) (Phone #)

Position Held: _____ Dates of Employment from _____ To _____

Rate of Pay: _____ Per Hour Per Week Per Month Reason for Leaving: _____

Family Data and Emergency Contact:

	Father	Mother	Emergency Contact
Name			
Address			
City/State/Zip			
Phone			
Email			

Personal Reference: *(You must provide complete references that are NOT family members)*

Name			
Address			
City/State/Zip			
Phone			
Email			

How did you hear about our school?		Referred by:	
Course of study you plan to enroll		Would you enroll	Full time <input type="checkbox"/> or Part time <input type="checkbox"/>
How soon would you be able to start school?			
Males ages 18-26: Are you registered with Selective Service?		Yes <input type="checkbox"/> No <input type="checkbox"/>	Must be registered for Federal Aid (See the FAO for assistance)
Females: Are you pregnant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	This question relates to possible training/job hazards during pregnancy.	
Do you have a felony record?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please check (if applicable) your eligibility for the State Board Licensing Exam.	
I certify that all the information on this form is true and correct to the best of my knowledge. I also understand that if required, I must provide supporting documentation of the information reported.			
Applicant's Signature:		Date:	