

# National Beauty College

4642 Cleveland Ave. NW Canton, OH 44709

## ENROLLMENT APPLICATION

DATE: \_\_\_\_\_  New Student  Returning Student  Transfer Student

COURSE:  COSMETOLOGY  ESTHETICS  MANAGING MANICURIST START DATE: \_\_\_\_\_ DAY EVE

\_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (MAIDEN)

NAME YOU WISH TO GO BY IF DIFFERENT FROM YOUR FIRST NAME: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ MALE  FEMALE

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (ZIP)

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ DRIVER'S LICENSE #: \_\_\_\_\_

Of which state are you a legal resident? \_\_\_\_\_ Are you a veteran of the U.S. Armed Forces?  Yes  No  
CITIZENSHIP  U. S. Citizen  Other (indicate type of visa: \_\_\_\_\_)

Permanent resident (Copy of both sides of Alien Registration Card or I-94 must be attached)

FATHER'S NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

MOTHER'S NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

HOW DID YOU BECOME INTERESTED IN NATIONAL?  Internet  Beauty Salon  Walk-In  Graduate  
 Phone Book  Counselor Other: \_\_\_\_\_

HOW DO YOU PLAN TO PAY FOR YOUR TUITION:  Financial Aid  Monthly payment  Other: \_\_\_\_\_

A down payment is required before the start of class. This down payment *cannot* be covered by financial aid.

If you are planning on using financial aid, you must fill out the Free Application for Federal Student Aid at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). Use school code 011744. You also must complete our financial aid application.

Are you allergic to latex? Yes No Which hand will you use to cut hair? Right Left

(PLEASE COMPLETE OTHER SIDE)

# APPLICATION FOR ENROLLMENT

## SECTION 2 – ACADEMIC INFORMATION

High School Diploma – Graduation Date: \_\_\_\_\_  G.E.D. – Date: \_\_\_\_\_

Have you attended school since high school?  Yes  No

Do you have any of the following degrees?  Associate  Bachelor  Graduate

1. Name of college/school attended: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

2. Name of college/school attended: \_\_\_\_\_

Dates of attendance: \_\_\_\_\_ Date of graduation: \_\_\_\_\_

## SECTION 3 – EMPLOYMENT INFORMATION

Are you employed now?  Yes  No Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

## SECTION 4 – FAMILY INFORMATION

Single  Married-Date: \_\_\_\_\_  Separated-Date: \_\_\_\_\_  Divorced or Widowed-Date: \_\_\_\_\_

CHILDREN: Number of dependent children for whom you are responsible \_\_\_ Ages of children \_\_\_\_\_

SPOUSE: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Is your spouse employed?  Yes  No Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone: \_\_\_\_\_

## SECTION 5 – PERSONAL REFERENCES

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

NAME: \_\_\_\_\_ PHONE : \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

I certify that the information provided by me in this application is true to the best of my knowledge.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

Office Use Only: Entrance Eval Date _____ Score _____ Down Payment Date _____ Cash/Ck/Credit # _____ Diploma/Transcripts/GED _____ Orientation Letter _____
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