



Advanced College of Cosmetology

Admission Application

PERSONAL:

Name: _____ Today's Date: _____

Drivers License #: _____ Birth Date: _____

Address: _____

City: _____ State: _____ Zip: _____ Cell #: _____

Myspace or Face Book Address: _____

In case of emergency, notify Parent, Spouse or Guardian:

Name: _____ Cell #: _____

Email: _____

May we contact you by text messaging? Yes No

Other Relative or Friend:

Name: _____ Cell #: _____

Email: _____

Applicant is applying for admission in the following program: **Barber/Cosmetology:** (Yes or No) _____

Do you need special accommodations for learning? **Yes or No:** _____

EDUCATION:

High School/Equivalent: _____ Graduation Date: _____

City: _____ State: _____ Zip: _____

Received High School Diploma? (Yes or No) _____ GED or Equivalent? (Yes or No) _____

Post Secondary Education: (Most Recent)

College: _____ Date Attended: _____

City: _____ State: _____ Zip: _____ Graduated? (Yes or No) _____

College: _____ Date Attended: _____

City: _____ State: _____ Zip: _____ Graduated? (Yes or No) _____



Advanced College of Cosmetology

Work History

Employer: _____ **Date of Employment:** _____

Manager/Owner: _____ **Phone #:** _____

Job Description: _____

Reason for Leaving: _____

Interests/Hobbies/Abilities: _____

Do you like working with people? _____

Do you have any medical problems with your back, feet, arms or hands? (Yes or No) _____

If yes please explain: _____

Advanced College of Cosmetology does not discriminate because of race, religion, color, sex, age, or disability.

To process this application, give it to the admissions representative at Advanced College of Cosmetology, or mail to the address below.

Required Exhibits and fees for a complete application:

- Copy of High School transcript, diploma, or GED
- Copy of Driver's License
- Copy of Social Security Card
- Two letters of recommendation from anyone outside family
- One page essay discussing why you want a career in cosmetology, your education goals and your career goals
- \$10.00 non-refundable application fee

Applicant Signature: _____ **Date:** _____