

# Cosmetology

## School of Arts & Sciences

485 E 5th St, N

Financial Aid available

(208)678-4454

www.fafsa.gov

Burley, ID 83318

school code #038324

Fax: (208)678-0741

### APPLICATION FOR ADMISSION

Course applying for: (please check the one that applies)

Cosmetology    Nail Technology    Esthetician    Instructor Training    Transfer    Barber

Name: \_\_\_\_\_  
(last) (first) (middle)

Present Address: \_\_\_\_\_  
(Number & Street or PO Box) (City) (State) (Zip Code)

Permanent Address: \_\_\_\_\_  
if different from above (Number & Street or PO Box) (City) (State) (Zip Code)

Email Address: \_\_\_\_\_

Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ 2nd Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Marital status: \_\_\_\_\_ # of children \_\_\_\_\_  
(month) (day) (year) M= married, S= single, D= divorced, W= widowed Sep = Separated

Vetran: Yes or No

\*Ethnicity: \_\_\_\_\_ \*Male / Female  
(Black Non-Hispanic, White Non-Hispanic, Hispanic, American Indian or Alaskan Native, Asian or Pacific Islander, Unknown) (please circle one)

Family Income: \$0-9,999   \$10,000-29,999   \$20,000-29,000   \$30,000&over

Citizenship: USA / Other country   Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(please circle one) Driver License Number \_\_\_\_\_ DL State \_\_\_\_\_

Are you:   Head of household   Independent   Dependent

Name of Parent/Guardian or Spouse (if married): \_\_\_\_\_

Address: \_\_\_\_\_  
(Number & Street or PO Box) (City) (State) (Zip Code)

Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ 2nd Phone: (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

High School Graduate? Yes / No   Name of school: \_\_\_\_\_

If no, High School Equivalency/G.E.D.? Yes / No   Graduation/equivalency date: \_\_\_\_\_

Post-Secondary Education:

(1) \_\_\_\_\_ (2) \_\_\_\_\_  
(Name of School) (Name of School)  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_   \_\_\_\_\_  
(Location) (Dates Attended) (Location) (Dates Attended)

Date you anticipate beginning our program: \_\_\_\_\_

How will this course be paid?   Cash [ ]   Bank Financing [ ]   School Payment Plan [ ]   Financial Aid [ ]  
 Other \_\_\_\_\_

I hereby certify that all of the information I have listed is true & correct to the best of my knowledge.

Student/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*These questions are optional and are for informational purposes only. They will not affect your application. Updated 04/10/2023

(This section for school use only!)

Accepted: Yes / No   Date: \_\_\_\_\_   By: \_\_\_\_\_

Other comments: \_\_\_\_\_