



Application for Admission

Name: _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone #: () _____ Work #: () _____ E-Mail: _____
 Cell #: () _____ SSN#: _____ D.L.#: _____
 License Plate #: _____

Emergency Contacts: (Spouse) _____ PHONE #: _____
 (Parent/Guardian) _____ PHONE #: _____
 (Emergency Contact) _____ PHONE #: _____

Education: ATB or GED Last Grade Completed: _____
 (circle one) HS DIPLOMA High School Attended: _____
 Graduation Date: _____
 OTHER: _____

Date of Birth: _____ Age: _____

*Schools are required to submit the following information to the Integrated Postsecondary Education Data System:

Race (circle one): White African-American Asian Other : _____
 Marital Status (circle one): Married Single Divorced Widowed Separated

Head of Household-IRS definition (circle one) : Yes No
 Do you have dependents? Yes No If so, how many? _____

TOTAL FAMILY INCOME RANGES: (circle one)
 \$0 - \$9999 \$10,000 - \$19,999 \$20,000 - \$29,999 \$30,000 and up

Are you a veteran? Yes No
 Desired Curriculum: Cosmetology Manicuring Esthiology Instructor Training Massage
 Preferred Start Date: _____

Referred By: (How did you originally hear about us): _____

Complete this section if you have ever enrolled in Cosmetology School:

Former School: _____ Hours Earned: _____
 State in which school is located: _____ Course enrolled in: _____

Why did you drop from the program?

Did you receive Financial Aid while enrolled in this school: Yes No
 If so, which types? Pell Loans Both

Please list any additional colleges/universities and postsecondary programs you have enrolled in:

- 1. _____ Financial Aid Received? _____
- 2. _____ Financial Aid Received? _____

Are you interested in applying for Financial Aid? Pell Grants Loans Both

Do your parents claim you on your taxes? Yes No

Parental Information:

Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home #: _____ Work#: _____ Cell #: _____
 Fax #: _____ E-Mail: _____ Other: _____
 Employer: _____

***HAVE YOU EVER BEEN CONVICTED OF A DRUG OFFENSE?** Yes No

****HAVE YOU EVER BEEN CONVICTED OF A FELONY?** Yes No

**If so, you are not eligible for any student aid under federal guidelines*

***If of a sexual nature, you are not eligible to enroll in the Massage Therapy program.*

Why have you chosen this as a profession? _____

Why did you choose Aveda Institute?

Do you have any special needs that we should be aware of in order to better assist you? _____

Please list three references:

NAME	ADDRESS	PHONE #	RELATIONSHIP

Signature

Parent/Guardian (if applicable)

Date

Date