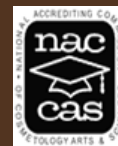


Enrollment Application

23 W. 1st Avenue, Kennewick, WA 99336 • (509) 586-9979



Victoria's Academy does not discriminate in its employment, admissions, and instruction or graduation policies on the basis of sex, religion, sexual orientation, age, ethnicity, disability, race, creed, financial status or area of origin or residence.

Personal Information

Name: _____ Date of Application: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ Social Security Number: _____

Gender: Male Female Are you a citizen of the United States? Yes No

Race: Asian: Black/African American: Caucasian: Hispanic: Native American: Other:

Married: Yes No If yes, spouses name: _____

Have Children: Yes No If yes, how many: _____

Have you ever been convicted of a crime, misdemeanor, or felony in the past 10 years? Yes No

Are you on work release? Yes No

Are you on home detention? Yes No

Disability: Yes No If yes, what type: _____

Education Information

Do you have a high school diploma? Yes No

If no high school diploma, do you have a G.E.D? Yes No

Name and location of high school: _____

Education after high school: Yes No If yes, list schools and years or degrees below

1. _____

2. _____

3. _____

Employment Information

Are you currently employed? Yes No

Name of Employer: _____

Employer's Phone: _____ Supervisor: _____

Do you plan to continue working while attending school? Yes No

Program Information

Please indicate your program choice:
 Cosmetology Barbering Manicuring Esthetics+ Instructor Training
 Massage

Desired start date: _____ (mm/dd/yyyy)

Have you previously received training in any of the above fields? Yes No

If Yes, which one? _____ Number of hours completed: _____

Name of school attended: _____ Location: _____

Dates attended: From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)

Are you currently enrolled there and wishing to transfer? Yes No

Reason for withdrawal: _____

Are you currently licensed in any of the above fields? Yes No

If Yes, which one? _____ How long? _____

State: _____ License Number: _____ Expiration date: _____ (mm/dd/yyyy)

Why have you chosen to pursue a career in this field? _____

Referral Information

Please indicate below how you were referred to Victoria’s Academy of Cosmetology?

Student Friend Internet Advertisement Other

Name of person / publication: _____

References

1. Name: _____ Address: _____ Phone: _____

2. Name: _____ Address: _____ Phone: _____

3. Name: _____ Address: _____ Phone: _____

PLEASE READ BEFORE SIGNING

I DECLARE UNDER PENALTY OF PERJURY, THAT THE STATEMENTS SUBMITTED BY ME ON THIS ENROLLMENT APPLICATION ARE TRUE AND CORRECT. ALL MATERIALS SUBMITTED BY ME FOR PURPOSES OF ADMISSION BECOME THE PROPERTY OF VICTORIA’S ACADEMY OF COSMETOLOGY. I UNDERSTAND THAT FALSIFICATION, WITHHOLDING PERTINENT DATA OR FAILURE TO REPORT CHANGES TO THIS APPLICATION MAY RESULT IN MY DISMISSAL.

Signature of Applicant

Date Signed

**A \$100.00 ENROLLMENT FEE IS REQUIRED FOR ENROLLMENT.
THIS FEE IS NON-REFUNDABLE.**

All applicants must provide the following documentation with the submission of their application. (no applicant will be considered for enrollment until all documents are received)

1. Copy of high school diploma or G.E.D. (a certified copy of transcript is acceptable)
2. Copy of driver license (color) or a certified copy of birth certificate
3. Social Security card

Upon acceptance, applicants will be notified by mail and an orientation date will be scheduled.

Financial Aid is available for those who qualify. Go to <http://www.fafsa.ed.gov/> to apply for Federal Student Aid and fill out your application on the FAFSA web site.

| | | |
|--|-------------------------------|--------------------------|
| ADMINISTRATIVE USE ONLY | Received by: _____ | Date: _____ |
| Enrollment Status: ___ New Student ___ Transfer Student ___ Re-Enrollment | | |
| ___ Fee Paid / Payment Type: _____ | Receipt Number: _____ | |
| ___ Proof of Education Received | ___ Valid Photo ID | ___ Social Security card |
| Accepted? ___ Yes ___ No | Start Date: ___ / ___ / _____ | ID Number: _____ |
| Enrollment Packet Sent: ___ / ___ / _____ | | |