



# Victoria's Academy

of Cosmetology

## Enrollment Application

23 w 1<sup>st</sup> Ave, Kennewick, WA 99336

Victoria's Academy does not discriminate in its employment, admissions, instruction or graduation policies based on 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 Phone: \_\_\_\_\_ 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, do you have a G.E.D.? ☐ Yes ☐ No

Name and location of school \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

### EMPLOYMENT INFORMATION

Are you currently employed? ☐ yes ☐ no

If yes, do you plan on continuing during school? ☐ yes ☐ no

Name of Employer: \_\_\_\_\_ Phone \_\_\_\_\_

## PROGRAM INFORMATION

Please indicate your program choice:

☐ Cosmetology ☐ Barbering ☐ Massage ☐ Master Esthetics ☐ Instructor Training ☐ Hair Design

Desired start date: \_\_\_\_\_ (mm/dd/yyyy)

Have you previously received training in any of the above fields? ☐ yes ☐ no

If yes, which one? \_\_\_\_\_ # of hours completed: \_\_\_\_\_

Name of school attended: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ To: \_\_\_\_\_

If you are currently enrolled there and wishing to transfer? ☐ Yes ☐ No

Are you currently licensed in any of the above fields? ☐ yes ☐ no

If yes, which one? \_\_\_\_\_ How long? \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_

Expiration date \_\_\_\_\_

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

If other, please list: \_\_\_\_\_

## REFERENCES

1. Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_



## PLEASE READ BEFORE SIGNING

I DECLARE UNDER PENALTY OF PERJURY, THAT THE STATEMENTS SUBMITTED BY ME ON THIS 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 \_\_\_\_\_ Date \_\_\_\_\_

**A \$100.00 APPLICATION 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 or a certified copy of birth certificate
3. Copy of 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: \_\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

