Shear Skills School of Cosmetology

BASIC ENROLLMENT APPLICATION PERSONAL INFORMATION

Name:	Social Security Number:			
Address:		Ci	ty:	State:
Zip:	Home Phone:		_Cell Phone:	
Date of Birth:	Email:			
□ I am a U.S. Cit	izen or Permanent Ro	esident		
EDUCATION				
High School:		Ci	ty/State:	
	College:			
EMERGENCY CC	NTACT Name:			
	State:			
		Cell Phone:		
PLEASE CHECK	THE FOLLOWING YO	U ARE INTERES	TED IN:	
□ 5 Day Cosmet	ology Program // Mon	day- Friday: 8:0	0AM to 2:00 PM	
and Wednesday	3:00 PM-5:00 PM (34	.5 hours weekly	7)	
□ 2 Day #1 Inst	ructor Program // Moi	nday through F	riday 8:00 AM to	5:00 PM
(12 hours week	dy) (30 weeks)			
□ 5 Day #2 Inst	ructor Program // Mo	nday- Friday: 8	:00 AM to 2:00 PN	ZI.
and Wednesday	3:00 PM-5:00 PM (34	.5 hours weekly	v) (11 weeks)	
□ Not Available (25 hours weekl	e at the time. Night Pr y)	ogram // Monda	y through Friday	5:00PM to 10:00PM
-	er student from anot		=	

How soon are you interested in getting started?				
How did you hear about the Shear Skills School of Cosmetology?				
Do you need cutting scissors for your: Left Hand Right Hand				
ENTRANCE ESSAY:				

On a separate sheet of paper, please describe yourself in a one page essay that includes the following: Who is your mentor in life and why?

What is the greatest thing you have accomplished in your life thus far?

What has been your biggest disappointment?

What are your career goals and how can attending a Shear Skills School of Cosmetology help you achieve them?

TO FINALIZE YOUR APPLICATION, PLEASE COMPLETE THE FOLLOWING:

- 1. The completed application form
- 2. \$150 nonrefundable application fee
- 3. Be camera ready! We will be taking your picture, or you can text us a selfie for your file.
- 4. Your original High School diploma, GED,
- 5. Your driver's license, birth certificate, or government issued picture I.D. SSI
- 6. Entrance Essay Detailed above