

THE LEGACY MASTER BARBER ACADEMY

Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Select Career Path: Master Barber Instructor

Are you a citizen of the United States? YES NO

Have you ever intended barber college? YES NO If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Emergency Contact

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Address: _____ Phone: _____

Address: _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Comments

1 YEAR GOAL: _____

5 YEAR GOAL: _____

10 YEAR GOAL: _____