

MOLER BARBER COLLEGE OF HAIR STYLING

16 South 8th Street, Fargo, North Dakota 58103, 701-232-6773 www.molerbarberfargo.com

Andrew Storkamp, President

Mary Cannon, Director

Dear Interested Student,

Our complete course consists of 1550 clock hours of practical and theory instruction which is approximately ten (10) months. We offer students the opportunity to begin their course any time of year, providing there is an opening. Our maximum enrollment is 12 students and tuition costs are \$9,000.00.

Tuition includes books, uniforms, permit and tool kit. The total does not include \$220.00 fee for the State Exam and North Dakota Master Barber License.

School is held Monday through Friday from 8:15 to 5:30, full time only. The school does not offer any part-time program.

The course of Barbering is in-depth hair cutting. We begin students on real customers and you work on clientele continually every day until you have your 1550 hours clocked. You will learn to give face shaves, beard trims, facials, scalp massages, hair coloring, manage your own business, and most important of all how to approach and handle people to keep them as customers in your own shop. We have an hour of theory class each morning, then students perform hair services on customers all day long. It is a casual atmosphere and a fun one.

Graduation and employment rates for students enrolled during the period of July 1, 2016 – June 30, 2017, a total population base of 16 enrolled, one student withdrew/terminated and 6 graduated. Of the 6 graduates, 100% were employed in the field of barbering.

To qualify for enrollment, students must be at least 17 years of age, hold a high school diploma or GED, and be drug-free. This is a drug-free school and students may be required to take random drug tests during the duration of their enrollment. Applications for enrollment should be made through a personal interview and tour of the school. During the school tour, applicants will receive a copy of the school's most recent Campus Security Report. Mary Cannon is the school official designated for Title IX compliance purposes. Financial Aid is available if you qualify. FAFSA applications are available on-line at www.fafsa.ed.gov and our school code is #016929. If you have any further questions, please contact me.

Sincerely,
Mary Cannon
School Director

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APPLICATION FOR ADMISSION

NAME _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ SOCIAL SECURITY NUMBER _____

E-MAIL ADDRESS _____

NAME OF PARENT / GUARDIAN _____ PHONE _____

EMERGENCY NOTIFICATION _____ PHONE _____

EDUCATION – HIGH SCHOOL NAME _____ PHONE _____

CITY _____ STATE _____ COUNTRY _____

DIPLOMA _____ YES _____ NO GRADUATION YEAR _____ GED _____ YEAR _____

COLLEGE _____ DEGREE _____

MILITARY SERVICE – BRANCH _____

YEARS OF SERVICE _____ TYPE OF DISCHARGE _____

ARE YOU IN DEFAULT OR DELINQUENT ON A STUDENT LOAN? _____

DUE YOU OWE A REFUND ON A PELL GRANT? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? _____ YES _____ NO

IF YES, DETAILS _____

DO YOU USE DRUGS? _____ YES _____ NO

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

HOW DO YOU PLAN TO FINANCE YOUR EDUCATION? _____

*Enclose \$100 application fee, copy of high school diploma, and 2 photos of yourself

**APPLICATION FOR
PERMIT AS A STUDENT IN BERBER SCHOOL**

STATE OF NORTH DAKOTA
COUNTY OF _____

I, _____ BEING SWORN SAY: THAT I AM A RESIDENT OF _____,
COUNTY OF _____, STATE OF _____, STREET _____ NUMBER
_____ OR POST OFFICE BOX _____ AND I AM _____ YEARS OF AGE.

THAT I WAS BORN IN _____.

THAT I HAVE COMPLETED AT LEAST FOUR (4) YEARS OF HIGH SCHOOL EDUCATION OR EQUIVALENT AND I HEREWITH TENDER TO THE BOARD A CERTIFICATE OR STATEMENT TO THE EFFECT, OR (I HAVE SATISFACTORILY PASSED AN EXAMINATION FOR THE PURPOSE OF DETERMINING THAT MY EDUCATIONAL QUALIFICATIONS ARE THE EQUIVALENT TO FOUR YEARS OF HIGH SCHOOL EDUCATION, AND I HEREBY TENDER TO THE BOARD PROOF OF PASSING SUCH EXAMINATION).

HIGH SCHOOL _____ COLLEGE _____
MILITARY BRANCH _____ STATUS _____ SINGLE _____ MARRIED _____

AFFIANT IN CONNECTION WITH THIS APPLICATION HEREBY TENDERS TO THE BOARD TWO (2) PHOTOGRAPHS 5" X 3" OF HIM / HER SELF, BEARING HIS SIGNATURE.

I HEREBY REQUEST THAT THE BOARD ISSUE TO ME A PERMIT TO ENTER **MOLER BARBER COLLEGE OF HAIRSTYLING** AS A STUDENT FOR THE PURPOSE OF QUALIFYING AS A BARBER.

APPLICANT SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20____.

(SEAL)

NOTARY PUBLIC, _____ COUNTY, ND
MY COMMISSION EXPIRES _____

PHYSICIAN'S CERTIFICATE

THE UNDERSIGNED A PRACTICING PHYSICIAN AND SURGEON, LICENSED AS SUCH UNDER THE LAWS OF NORTH DAKOTA, HEREBY CERTIFIES THAT HE HAS EXAMINED _____, THE FOREGOING APPLICANT, AND FINDS HE IR SHE IN GOOD HEALTH.

DATE _____, _____ M.D.