



Park Professional Center
1320 Middleford Rd, Suites 202 & 203, Seaford, DE 19973
Office: (302) 536-7335 Fax: (302) 536-7286
<https://firststatebeautyacademy.com>

APPLICATION FOR ADMISSION

PERSONAL INFORMATION (PLEASE TYPE / PRINT CLEARLY)

Name Last/First/MI: _____ Birth Date: _____
Address: _____ Home / Cell: _____
Driver License /ID#: _____ State: _____ U. S. Citizen ____ Yes ____ No ____
SSN: _____ D.O.B. _____ Foreign I.D. # _____ Type: _____
Student I.D. # _____ Email Address: _____

Schedule Hours

Day – Mon-Fri 8:00am-4:00pm, Sat 8:00 am-12:00 pm
Evening – Mon-Fri 5:00pm-9:00pm, Sat 8:00 am-12:00 pm

Schedule - (Circle One)

Evening / Day

Academic Program

Maximum Weeks

<input type="checkbox"/> Full-Time	Cosmetology	50 Weeks	1500 Hours	60 Weeks / 2250
<input type="checkbox"/> Part-Time	Cosmetology	75 Weeks	1500 Hours	112 Weeks / 2250
<input type="checkbox"/> Full-Time	Esthetician	37 Weeks	600 Hours	24 Weeks / 900
<input type="checkbox"/> Part-Time	Esthetician	20 Weeks	600 Hours	45 Weeks / 900
<input type="checkbox"/> Full-Time	Nail Tech	37 Weeks	300 Hours	12 Weeks / 600
<input type="checkbox"/> Part-Time	Nail Tech	20 Weeks	300 Hours	24 Weeks / 600
<input type="checkbox"/> Full-Time	Instructor	20 Weeks	500 Hours	
<input type="checkbox"/> Part-Time	Instructor	10 Weeks	250 Hours / 2 (Yrs. Exp.)	

<p><i>DFSBA is an Equal Opportunity employer/program.</i> <i>Auxiliary aids and services are available upon request to individuals with disabilities.</i></p>



Current Education Level (Select One)

- | | |
|---|---|
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> U.S. High School Transcript(s) |
| <input type="checkbox"/> G.E.D. (High School Equivalency Diploma/Certificate) | <input type="checkbox"/> Home School Completion Certificate |
| <input type="checkbox"/> Completion of Two-Year College Program equivalent) | <input type="checkbox"/> Foreign High School Transcript(s) |
| <input type="checkbox"/> Completion of Bachelor's Degree (Equivalent) | |

Citizenship/Residency Status (Select One)

- ☐ U.S Citizen
☐ U.S. Permanent Resident
☐ Non-Resident Alien

Gender Identity (Select One)

- ☐ Male
☐ Female
☐ Self-Identify _____

Race/Ethnicity (Select One)

Are you Hispanic or Latino? ☐ Yes ☐ No

Select one or more of the following races:

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African-American/Indigenous | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or more races |

Transfer Credits

Notice: An official transcript is required prior to evaluation of transfer credit(s). Transfer credits will be awarded prior to program commencement.

Would you like DFSBA to assess any courses you may have completed for transfer credit from a cosmetology or barbering program at another American institution? ☐ Yes ☐ No

Disciplinary History

Notice: Disclosure of disciplinary action at a previous school will not automatically deny/disqualify you for admission. A school official will carefully review the information submitted and notify you if additional information is needed.

Have you ever been suspended or expelled from any school? (including any college, high school, cosmetology school)? ☐ Yes ☐ No

If yes, please provide the following:

Name of School: _____

Date of Incident: _____

Description of Violation: _____



Description of disciplinary action: _____

Acknowledgement

In compliance with applicable laws and in furtherance of its commitment to fostering an environment that welcomes and embraces diversity, DFSBA does not discriminate on the basis of race, color, creed, religion, national origin, gender, disability, age, veteran status, sexual orientation, gender identity or expression, genetic information, political affiliation or political philosophy in its programs or activities, including employment, admissions, and educational programs. All people and all backgrounds are encouraged to apply to be a student.

We are committed to providing qualified students with a documented disability and equal opportunity to access the benefits, rights, and privileges of school programs in the most integrated setting appropriate to the student's needs, in compliance with the ADA section 504 of the Rehabilitation Act of 1973 and consistent with all federal and state laws. We encourage you to contact us at the school to complete an Application for Accommodations, to identify reasonable and appropriate accommodations prior to enrollment.

- ☐ I understand that completion of this application is not a guarantee that I will be admitted to DFSBA.
- ☐ I understand that there is a non-refundable application fee payable to Delaware First State Beauty Academy (DFSBA) of \$100.00 when submitting this application.
- ☐ I understand that I cannot be considered for admission to DFSBA until all required components of the admission process is complete.
- ☐ I understand that a criminal conviction at any time prior, during or after my program of study may lead to a license denial by the licensing authority in any jurisdiction. In such cases, it will be up to the licensing authority to determine my eligibility.
- ☐ I understand that once accepted, I will not become an enrolled student at DFSBA until I complete and enter into an enrollment agreement with the school and meet all eligible requirements.
- ☐ I certify the information I have provided on my Application for Admission to DFSBA is true, accurate and complete.

Applicant's Signature

Date



Next Steps

1. The following **must** be completed and submitted with your application for admission
 - a. Pay the non-refundable application fee \$100.00.
 - b. Submit a copy of government issued identification (i.e., driver's license or birth certificate)
 - c. If you would like to be evaluated for transfer credit(s) from another Cosmetology Program, submit your official transcript(s) from the school.
 - d. If you are enrolling in the Instructor Program at DFSBA, you must provide a copy of a valid and current cosmetology license prior to enrollment.
 - e. Submit (1) 2x2 professional photos.

We accept cash, check, debit and credit card, and Money order. Please make check or money order payable to "Delaware First State Beauty Academy or "DFSBA".

Once your completed application is submitted, please allow 5-7 business days for official notification of a decision for admission.

If you would like a tour of our facility, please let us know and we will schedule your visit.

Thank you.

Delaware First State Beauty Academy



State Licensing Disclaimer

The state of Delaware may refuse to grant a license if a student has been convicted of a crime; committed any act involving dishonesty, fraud, or deceit; or committed any act that, if committed by a licensee of the business or profession in question, would be grounds for the Delaware Board of Barbering and Cosmetology to deny licensure. The Delaware Board of Barbering and Cosmetology denies licensure on the grounds that the applicant knowingly made a false statement of fact required to be revealed in the application for such license. Students who are not U.S. citizens or who do not have documented authority to work in the United States will not be eligible to apply to take the state licensure examination. Paul Mitchell The School- Delaware is not responsible for students denied licensure.

I, _____, have received a copy of the State of Delaware Administrative Code, Title 24, 5100 Board of Cosmetology and Barbering, Section 18 and understand that a criminal history may be a bar to licensure.

Student Signature

Date

School Official Signature

Date