

ACADEMY

for Salon Professionals

COSMETOLOGY AND ESTHETICS PROGRAM

Application for Admission

Print last name here _____

Date _____

APPLICATION PROCEDURES

We are very pleased you have chosen to apply for admission to the Cosmetology or Esthetics program offered through the Academy for Salon Professionals. This application states the requirements for a successful application process.

Prior to the time of your first enrollment, you must submit an Application for Admission and pay the required \$50.00 application fee. If you (1) **DO NOT** wish to pay the program price in full (2) would like to use the Academy interest-free payment plan (3) would like to use one of our alternative student loan programs, you must complete the **consumer report authorization** section. The application will not be processed if the packet is incomplete. The application fee is non-refundable.

For your application packet to be complete, you should do the following:

- Step 1: Contact a career development advisor in the Office of Admissions to schedule a program and career information session. The session includes an in-depth tour of the school and its facilities.
- Step 2: Complete each section of the Application for Admission, including the consumer report authorization section only if you (1) **DO NOT** wish to pay the program price in full (2) would like to use our interest-free payment plan (3) would like to use one of our alternative student loan programs.
- Step 3: Hand in or mail in **ALL** required documents with your application –
 1. A copy of your Social Security card.
 2. A copy of your driver's license or other proof of age.
 3. Official high school degree, GED, or notarized proof of a degree.
 4. \$50.00 non-refundable application fee.

or send to: ATTN: Office of Admissions
Academy for Salon Professionals
8372 Topanga Canyon Blvd
Canoga Park, CA 91304

PROGRAM

Program: Cosmetology Esthetics / Skin Care (Full-time Part-time)

Start date: Month _____ Year _____

PERSONAL INFORMATION

Date of birth MO DY YR _____

Social Security number _____

First name _____

Middle name _____

Last name _____

Address _____

City _____

State _____

Zip _____

Cell phone (include area code) _____

Home phone _____

E-mail address _____

PERSONAL INFORMATION (CONTINUED)

Submission of ethnic and gender information is voluntary. This information will not be used to determine your admissibility to the Academy for Salon Professionals. The information is compiled for statistical purposes only.

Ethnic Group: Black (non-Hispanic) Hispanic Asian White (non-Hispanic)
 American Indian Pacific Islander Alaskan Native Other

Gender: Male Female

HOW DID YOU HEAR ABOUT US?

Online directory Direct mailing Personal reference Academy website Other

EMERGENCY CONTACT

Name (LAST, FIRST, MIDDLE) Relationship to applicant Cell phone (include area code)

Home phone Work phone E-mail address

EDUCATION

A minimum of a high school degree, GED, or notarized proof of a degree is required for enrollment into all programs.

High school, college, or university name (most recent degree) City State

Year graduated Major / minor (if applicable) GPA Honors

EMPLOYMENT HISTORY

Please state your last place of employment, if applicable. Attach additional references as needed.

Employer (BUSINESS NAME, CITY, STATE) Position Salary

PERSONAL STATEMENT

Please prepare a short paragraph outlining how participation in our program will assist you in achieving your future goals.

CONSUMER REPORT AUTHORIZATION

Complete this section only if you (1) **DO NOT** wish to pay the program price in full (2) would like to use the Academy interest-free payment plan (3) would like to use one of our alternative student loan programs.

- In connection with this application and to be considered for any type of financing or payment plan, I understand that a consumer report, which may contain public records information, is being requested.
- I wish to pay the program price in **FULL** whereby a consumer report is **NOT** being requested.

I hereby certify that I have completed all questions truthfully and that the above information is complete and accurate.

Date

Signature of applicant