



133 West Mendenhall
Bozeman, MT 59715
(406) 587-1264
(406) 587-1265
(406) 585-7357 FAX

-
- **DATE:** ____/____/____
 - **CLASS YOU WISH TO ATTEND:**
____ *january* ____ *march* ____ *august* ____ *october*
 - **FIRST NAME:** _____
 - **LAST NAME:** _____
 - **PREVIOUS NAME:** (if any) _____
 - **NICKNAME:** _____
 - **ADDRESS:** _____
 - **CITY:** _____
 - **STATE:** _____ **ZIP:** _____
 - **HOME PHONE:** (____) - ____ - _____
 - **CELL PHONE:** (____) - ____ - _____
 - **E-MAIL:**
_____ @ _____ . _____
 - **SEX:** ____ *m* ____ *f*
 - **Human Race** _____
 - **ss#:** _____ - ____ - _____
 - **D.O.B.:** ____/____/____
 - **ARE YOU A U.S. CITIZEN?** ____ *yes* ____ *no*
 - **MARRIED:** ____ *yes* ____ *no*
 - **Single** ____ **Divorced** ____ **Separated** ____
 - **# OF DEPENDENTS:** _____
 - **EDUCATION BACKGROUND:**
HIGH SCHOOL ____ *yes* ____ *no*
G.E.D. ____ *yes* ____ *no*
Highest Education _____

- **CONVICTED OF A FELONY?** _____yes _____no
- **WILL YOU BE APPLYING FOR FINANCIAL AID?** _____yes _____no

- **IN CASE OF AN EMERGENCY CONTACT:**

NAME(S): _____

PHONE: _____

NAME OF PRIMARY HEALTH CARE PROVIDER:

ADDRESS

CITY: _____

STATE: _____ **ZIP:** _____

- **DO YOU HAVE A HEALTH HISTORY?** _____yes _____no *If yes, please explain.* _____

- **HAVE YOU PREVIOUSLY ENROLLED IN ANOTHER COSMETOLOGY SCHOOL?** _____yes _____no

If yes, NAME OF OTHER SCHOOL: _____

CITY: _____

DATES ATTENDED: _____ **TO** _____

HOURS RECEIVED: _____

- **HAVE YOU EVER BEEN SUSPENDED OR DISMISSED FOR ACADEMIC REASONS FROM ANOTHER COSMETOLOGY SCHOOL OR UNIVERSITY?**

_____yes _____no *(If yes, please explain)* _____

- **HOW DID YOU LEARN OF THE ACADEMY OF COSMETOLOGY, INC?**

- **PLEASE LIST THREE REFERENCES THAT WE MAY CONTACT:** *(teachers, employers, etc. – no family or*

friends please)

1. **NAME:**

PHONE NUMBER(S): _____

How do you know this person? _____

2. **NAME:**

PHONE NUMBER(S): _____

How do you know this person? _____

3. **NAME:**

PHONE NUMBER(S): _____

How do you know this person? _____

• **ANY QUESTIONS WE CAN ANSWER FOR YOU TODAY?**

- **PLEASE INCLUDE WITH YOUR APPLICATION A TYPED, ESSAY EXPLAINING:**
~THE STEPS YOU HAVE TAKEN INTO INVESTIGATING THE COSMETOLOGY INDUSTRY
~YOUR EXPECTATIONS OF THE COSMETOLOGY INDUSTRY REGARDING ITS SALARY RANGES, JOB OPPORTUNITIES, BENEFITS, WORK SCHEDULES, ETC.
~WHY THE ACADEMY OF COSMETOLOGY, INC. SHOULD ACCEPT YOU AS A STUDENT
~YOUR SHORT AND LONG TERM GOALS AS FAR AS WHAT YOU EXPECT TO GET FROM YOUR EDUCATION

I hereby apply for admission to the Academy of Cosmetology, Inc. I have enclosed the following items with my application:

- *~ Registration and application fees totaling \$165.00 (non-refundable)*
- *~ A typed essay addressing all topics requested*
- *~A copy of my high school diploma or General Education Diploma (GED)*
- *~A sealed copy of my high school or GED transcripts*
- *~ Two letters of recommendation*
- *~ Copy of your driver's license or birth certificate*
- *I understand that this application holds me a spot at this time; it does not guarantee me acceptance into the school. I will be notified of placement.*
- *I also agree to participate in any required interviews that the Academy of Cosmetology, Inc. will conduct after receiving my application.*

STUDENT SIGNATURE _____ *DATE* _____

PARENT SIGNATURE _____ *DATE* _____
(REQUIRED IF STUDENT IS A MINOR)