

# MIXED INSTITUTE OF COSMETOLOGY & BARBER CONFIDENTIAL STUDENT APPLICATION

THIS QUESTIONNAIRE MUST BE COMPLETED BY APPLICANT ONLY

Your completion and submission of this application does not obligate you, the applicant to Mixed Institute of Cosmetology & Barber in any way. Mixed Institute of Cosmetology & Barber aims to admit only individuals qualified and motivated to benefit for this training. Your answers to these questions will help us determine your ability to benefit from our program.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_  
Street City State Zip

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_ State \_\_\_\_\_

Birth Date \_\_\_\_\_  Married  Single  Divorced  Separated

Present Age \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

U.S. Citizen  Yes  No If no give Alien ID # \_\_\_\_\_

Dependent children or others that you support (name and relationships)

1.	2.
3.	4.

While attending Mixed Institute of Cosmetology who will take care of your children? \_\_\_\_\_

Do you presently receive any of the following?

1. Public Assistance  Yes  No      3. Vocational Rehab  Yes  No  
2. Social Security  Yes  No      4. Veterans; Benefits  Yes  No

While attending Mixed Institute of Cosmetology & Barber who will you live with? \_\_\_\_\_

How did you hear about Mixed Institute of Cosmetology & Barber?

What are some of your short term/long term goals?

What aspect of this industry interests you the most?



I identify my ethnicity as: Asian Black/African Caucasian Hispanic/Latin Native American  
Pacific Islander Prefer not to answer other \_\_\_\_\_

**REFERENCES:** (list four people who can attest to your personal character, no family members)

1.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip	Phone
2.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip	Phone
3.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip	Phone
4.	_____	_____	_____	_____	_____	_____
	Name	Address	City	State	Zip	Phone

Foreign Students: Check where applicable.

I am applying as a foreign student I plan to take the TOEFL test. Date \_\_\_\_\_  
I am proficient in English I am currently holding a tourist visa

To be eligible for an 1-20 that enables you to obtain and M-1 student visa, you must submit the following

Registration fee Applicable  Down Payment   
Official High School/College Transcript  Certificate of Financial Guarantee

\_\_\_\_\_  
Applicant's Signature Date

V.A. Number \_\_\_\_\_ Veteran Transfer \_\_\_\_\_

I am receiving Financial Aid from the following. \_\_\_\_\_

Please complete the following: (Check where applicable)

Are you under a doctor's care? Yes No Reason \_\_\_\_\_

Are you currently on medication? Yes No

Have you ever been hospitalized for illness or mental disorders? Yes No

Do you have any learning disabilities? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever been arrested? Yes No

Mixed Institute of Cosmetology & Barber admits students of any race, color, national and ethnic origin to all the rights, privileges, program and activities generally made available to students of this school. (It does not discriminate on the basis of race, color, age, sex, physical handicap or national origin in administration of its educational policies admissions policies, scholarship and loan programs, and other school-administrated programs).

It is understood that if I admitted, I will study all the rules and regulations of Mixed Institute of Cosmetology and I will conduct myself in accordance with the provisions as stated in the rules and regulations. I certify that the facts contained in this application are true and complete to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature Date