

**ENROLLMENT APPLICATION**

Elite Cosmetology, Barber & Spa Academy  
2606 W Nob Hill Blvd. Yakima, WA 98902  
509-457-9246

Elite Cosmetology, Barber & Spa Academy does not discriminate in its employment, admissions and instruction or graduation policies on the basis of sex, religion, sexual orientation, age, ethnicity, disability, race, creed, financial status or area of origin or residence.

**Personal Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender:  Male  Female  
Are you a citizen of the United States?  Yes  No Alien ID # \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Race:  Asian  Black/African American  White Caucasian  Hispanic  Native American  Other  
Have you been convicted of a crime, misdemeanor, or felony in the past ten years?  Yes  No  
Are you on home detention or work release?  Yes  No  
Do you have a disability?  Yes  No If yes, what type? \_\_\_\_\_

**Employment Information**

Are you currently employed?  Yes  No Name of Employer: \_\_\_\_\_  
Supervisor Name: \_\_\_\_\_ Will you continue working while attending school?  Yes  No

**Education Information**

Do you have a high school diploma?  Yes  No  GED  
Name and Location of High School: \_\_\_\_\_  
List any secondary education: \_\_\_\_\_  
Have you ever received any type of Federal Aid?  Yes  No  
If yes, Dollar Amount \$ \_\_\_\_\_ Date: \_\_\_\_\_ School: \_\_\_\_\_  
Have you ever defaulted on a student loan?  Yes  No  
If yes, please explain: \_\_\_\_\_

**Program Information**

Please indicate your program choice (circle):  
Cosmetology Hair Design Barber Esthetics Master Esthetics Massage Therapy Manicuring Instructor  
Desired Start Date: \_\_\_\_\_  
Have you attended another Cosmetology/Barber/Spa program?  Yes  No  
If yes, what school and dates attended? \_\_\_\_\_  
What program? \_\_\_\_\_ Hours Completed: \_\_\_\_\_  
Are you still enrolled there?  Yes  No Are you wanting to transfer?  Yes  No  
Reason for withdrawal and transfer: \_\_\_\_\_  
Are you licensed or have you completed training in any of the above programs?  Yes  No  
If yes, License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Why have you chosen to pursue a career in this field? \_\_\_\_\_  
\_\_\_\_\_

Referral Information

How did you find out about our program at Elite Cosmetology, Barber & Spa Academy?  Student  Friend  
 Internet  Ad Other: \_\_\_\_\_

Will you be receiving assistance from DVR, People for People, Worksource or OIC?  Yes  No Other: \_\_\_\_\_

References:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

**Please read before signing:**

I DECLARE UNDER PENALTY OF PERJURY, THAT THE STATEMENTS SUBMITTED BY ME ON THIS ENROLLMENT APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ALL MATERIALS SUBMITTED BY ME FOR THE PURPOSES OF ADMISSION BECOME THE PROPERTY OF ELITE COSMETOLOGY, BARBER & SPA ACADEMY. I UNDERSTAND THAT FALSIFICATION, WITHHOLDING PERTINENT DATA OR FAILURE TO REPORT CHANGE TO THIS APPLICATION MAY RESULT IN MY DISMISSAL FROM THE PROGRAM.

I have read and understand the catalog contents which will become part of my agreement with Elite Cosmetology, Barber & Spa Academy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Please provide the following documents to the office staff at Elite Academy:

- High School Diploma or GED (certified copy of transcript is acceptable)
- ID
- Social Security Card