



# O·BRIENS AVEDA INSTITUTE

## Student Application

Circle the class month you are enrolling for below

<b>Cosmetology</b>	January	March	May	July	September	October
<b>Barbering</b>			May		September	
<b>Spa Therapy</b>			May		September	

Full Legal Name (PRINT) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_

Are you a US Citizen? YES NO Country of Birth \_\_\_\_\_

State in which you have legal residency \_\_\_\_\_

How long you have been a resident in that state? \_\_\_\_\_

High School you attended \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Did you receive a Diploma? YES NO

Do you have an Associates or Bachelor's Degree? YES NO

(we require a copy of your diploma or GED)

Have you attended a Cosmetology school before? YES NO

If yes, where? \_\_\_\_\_

How many hours did you acquire there? \_\_\_\_\_ Hours

Have you ever been convicted of a felony?      YES    NO

If yes, please state the charge, location and date \_\_\_\_\_

Do you have any medical conditions that may affect your training here?      YES      NO

\*If yes, please explain \_\_\_\_\_

Will you be applying for:    Federal Grants      State Grants      Federal Loans      Scholarship

Emergency Contact Name \_\_\_\_\_

Relationship to you \_\_\_\_\_ Day Time Phone Number \_\_\_\_\_

Submit all of the following admissions requirements with this application

- A completed application form
- A non-refundable application fee of \$50  
(checks made payable to O'Briens Aveda Institute - cash or credit card are also accepted)
- A copy of your high school diploma or GED
- A copy of your photo ID
- A copy of your social security card, birth certificate or passport

### Student Certification

I certify that the information I have provided for admissions to O'Briens Aveda Institute is complete and accurate to the best of my knowledge. I understand that misrepresentation is sufficient grounds for refusing my enrollment.

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

Date \_\_\_\_\_