

HAIR / SKIN / NAILS

HAIR DYNAMICS
EDUCATION CENTER
6464 S. COLLEGE AVE.
FORT COLLINS, CO 80525

pivot point.
MEMBER SCHOOL

APPLICATION FOR ENROLLMENT

This application must be completed in full and accompanied by the applicable documents to be considered for approval.

PROGRAM:

COSMETOLOGY
 HAIRSTYLING
 ESTHETICIAN
 MANICURING

SCHEDULE:

DAY CLASSES
 NIGHT CLASSES

DATE OF ENROLLMENT:

Month Day Year

NAME:

FIRST MIDDLE LAST

PHONE#

HOME _____

ADDRESS:

CITY STATE ZIP

CELL _____ **Text**

E-MAIL

SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

Month Day Year

AGE: _____

US Citizen: Yes No **Alien Registration Number:** _____ (if applicable)

MARITAL STATUS: Single Married **NUMBER OF CHILDREN:** Circle one 0 1 2 3 4 5 6 (information for IPEDS)

STATUS: At the time of enrollment will you be living with your parents Yes No (information for IPEDS)

RACE: You may check up to two that apply to you.

White Hispanic Black American Indian/Alaska Native Asian / Pacific Islander
 Non-Resident Alien Unknown Other: explain _____ (information for IPEDS)

NAME OF HIGH SCHOOL: _____

DID YOU GRADUATE?

Yes No If yes, graduation date: _____

DO YOU HAVE A GED?

Yes No If yes, date received: _____

DO YOU PLAN TO APPLY FOR FINANCIAL ASSISTANCE (Title IV Loans and/or Grants)?

Yes No

Have you ever received a Pell Grant, guaranteed student loan, or other Title IV funds?

Yes No

Have you ever defaulted on a student loan? Yes No If yes, are you still in default?

Yes No

How did you hear about Hair Dynamics Education Center? Please check all that apply:

Our website: www.hairdynamics.com
 Yellow pages: Dex Names & Numbers Front Door Direct Yellow Book (City: _____)
 Salon: Please list Salon name and city: _____
 A former Student. Please list name: _____
 Other: Please list: _____

HAVE YOU EVER BEEN ENROLLED IN ANY SCHOOL BEYOND HIGH SCHOOL?

___ Yes ___ No

EDUCATION *Please complete all that applies to your prior education.*

| | Years Completed | Last Year Attended | Major Field of Study | Graduate Yes or No | Name and Location of School |
|-------------------------|-----------------|--------------------|----------------------|--------------------|-----------------------------|
| HIGH SCHOOL | | | | | |
| BUSINESS/TRADE SCHOOL | | | | | |
| UNIVERSITY or COLLEGE | | | | | |
| OTHER Explain: _____ | | | | | |

GRADES: ___ Excellent ___ Good ___ Average ___ Poor

If you did not graduate from the programs listed above, please explain why you did not continue your training:

REFERENCES MUST BE COMPLETE AND VERIFIABLE

Please list people who can provide reference for you.

| | NAME | ADDRESS | PHONE | AGE |
|---|------|---------|-------|-----|
| CLOSEST FAMILY MEMBER (Local name) | | | | |
| PAST EMPLOYER | | | | |
| OTHER (list reference to you) | | | | |

EMPLOYMENT HISTORY

| List below the names of employers (business name) beginning with most current | LENGTH OF EMPLOYMENT | CITY AND STATE | POSITION(S) HELD | REASON FOR LEAVING |
|---|----------------------|----------------|------------------|--------------------|
| | | | | |
| | | | | |
| | | | | |

CURRENT WORKING HOURS: _____

GENERAL INFORMATION

What do you look for in a career? _____

Why are you interested in attending Hair Dynamics Education Center? Please explain: _____

How long have you been considering additional training? _____

Why have you decided to further your training at this time? _____

If you enroll in one of our programs, are you prepared to commit to the hours/days required to complete this course? Please explain: _____

Do you have adequate transportation to get you to and from school on a daily basis? Please explain: _____

If you are a parent, do you have responsible day care providers so that day care issues will not cause an attendance problem? Please explain: _____

Have you discussed this with your parent(s) or significant other? _____

Will your family encourage your efforts toward this career? _____

Have you and/or your family set aside any funds for your training? _____

Will you be financially capable of paying your school costs if financial aid is delayed or stopped due to poor attendance, poor grades or a leave of absence? Explain: _____

Are you willing to apply yourself to studies, work, etc. Explain: _____

Do you know of any reason(s) why you may not be able to complete your training? _____

If you are currently employed, can we count on your employer working around your school schedule? Please explain: _____

Do you have any physical restrictions to prevent good performance on the job? _____

Have you ever been convicted of a felony? _____

If you answered yes to this question, please discuss the Colorado State Regulations with the admissions office. Ask for a copy of the procedure to apply for the state board exam.

List any major medical problems you may have, including any drugs you must take or are allergic to: _____

If you are pregnant and your due date is less than 6 months from the date you would like to begin classes, we recommend you delay your enrollment until after the baby is born. This is in the best interest of the flow of your education. You may discuss this with the admissions office.

PLEASE ATTACH THE FOLLOWING DOCUMENTS:

- Copy of Official High School Transcript with graduation date and high school signature or GED
- Copy of Driver's license
- Copy of Social Security Card
- If you have a license in hairstyling, esthetics or manicuring and wish to apply credits toward one of our programs, please attach a copy of your current license.

All of the above forms and this completed application must be received by the admissions office prior to being considered for enrollment by the admissions committee. Once the committee reviews this application and documentation, you will receive written notification of acceptance or denial.

By signing below I acknowledge that I have read and understood this questionnaire. I also understand that the school may use any portion of the information regarding this application in considering the advisability of my admission. I also understand that any willful misrepresentation in these answers may disqualify me even after acceptance for admission.

SIGNATURE

DATE

MAILING ADDRESS:

Hair Dynamics Education Center
P.O. Box 272389
Fort Collins, CO 80527-2389

FOR OFFICE USE ONLY

Date application received: _____
Date High School Transcript received: _____
Copy of Social Security Card Received: Yes No
Driver's license/Photo ID Received: Yes No
verify age of 17+ Yes No

STATUS AND COMMENTS:

