

Vincennes Beauty College

Application For Enrollment for Cosmetology Course

Vincennes Beauty College
12 South Second Street
Vincennes, IN 47591
812-882-1086 (phone) or 812-882-2333 (fax)



The following constitutes application for enrollment at *Vincennes Beauty College, Inc. Vincennes, Indiana*. Please print, type, or write clearly and answer all questions. If one does not apply, please draw a line in the blank.

THANK YOU FOR APPLYING!!

Name: _____ Phone: _____

Address: _____
Street City State Zip

Social Security #: _____ Birth Date: _____ Male _____ Female _____ (opt)

E-mail Address: _____ Cell Phone: _____

Marital Status: Single: _____ Married: _____ Widow: _____ Divorced: _____ Separated: _____

Educational Background: Grade School (yrs) _____ High School (yrs) _____ GED _____ Other _____

Please list all colleges, universities, vocational or technical schools you have attended:

Name of school Address

(If additional space is needed, use reverse side of this form)

Number of dependents: _____ please state their names and ages below:

If the children require supervision, who will care for them while you are attending school? _____

Dependency Status: Self supporting _____ Dependent on Parents _____ Dependent on spouse _____

Present occupation or position: _____

Do you plan on being employed while you are attending school? _____

Where? _____

Is there a need for financial assistance in order to meet the cost of this program? _____

Do you wish to make application for Federal Financial Assistance? _____

Are you a United States citizen? _____ Have you ever had a Student Loan? _____

(If you have had a Student Loan, please state the amount, dates, and status of your loan):

Do you have any health problems that may interfere with you training program here? _____

(If so, what is the nature of the problem)? _____

When do you wish to begin your study here at Vincennes Beauty College? _____

Signature of Applicant Date