Application For Enrollment for Cosmetology Course

Vincennes Beauty College 12 South Second Street Vincennes, IN 47591 812-882-1086

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 D	Date:		Male	Female_	(opt)
E-mail Address:	Cell Phone:						
Marital Status: Single:	Married:	Wi	dow:	Divorced:		Separated	:
Educational Background:Grade So	chool (yrs)	_ High School	l (yrs)	GED		Other	
Please list all colleges, universities Name of school	s, vocational or tec Address		you have at	tended:			
Number of dependents:		nal space is needed r names and ag		de of this form)			
If the children require supervision Dependency Status: Self supportin							
Present occupation or position:							
Do you plan on being employed w	while you are attend	ding school?					
Where?							
Is there a need for financial assista	ance in order to me	et the cost of t	his program	?			
Do you wish to make application:	for Federal Financ	ial Assistance?	•				
Are you a United States citizen?							
(If you have had a Student Loan, p		-					
Do you have any health problems	that may interfere	with you train	ing program	here?			
(If so, what is the nature of the pro	oblem)?						
When do you wish to begin your s	study here at Vince	ennes Beauty C	College?				
Signature of Applica	ant					Date	
Signature of Applied							