

Michigan College of Beauty

5620 Dixie Hwy.
Waterford, MI 48329
248-623-9494

APPLICATION FOR ADMISSION

General Information

Name _____ Social Security No. _____
Last First Middle

Current Mailing Address _____
Street

City State Zip

Home Address _____
If Different from Above Street City State Zip

Home Phone _____ Work Phone _____ E-mail Address _____

Date of Birth _____ Sex: M _____ F _____ Weight _____ Height _____

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

U. S. Citizen or U. S. Resident: Yes _____ No _____ Birthplace _____

Driver's License # _____

Employer _____ Phone _____

Address _____ City _____ Zip _____

Have you ever been convicted of a felony or currently awaiting trial on felony charges? Yes _____ No _____
If yes, explain in detail _____

Are you on probation or parole? Yes _____ No _____ If yes, explain in detail including name and telephone number of probation officer _____

Educational Information

Please circle last grade completed
High School Vocational-Technical School College
8 9 10 11 12 GED Year _____ 1 2 1 2 3 4

High School Name _____ High School Counselor _____

Post Secondary School (s) Course (s) Degree (s)

List Other Schools to which you have applied or intend to apply for admission

Family Information

Father

Mother

Name _____

Address _____

Occupation _____

Employer _____

Two Additional References of persons who are likely to know your address in the future years.

Name _____

Address _____

City _____

Phone (_____) _____

(_____) _____

In case of an Emergency, Notify: _____

Relationship _____ Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Disabilities

Do you have any physical impairment which might affect your training at Michigan College of Beauty? Yes _____ No _____

Hearing Loss Yes ___ No ___ Percentage _____

Heart Condition Yes ___ No ___

Sight Loss Yes ___ No ___ Percentage _____

Hernia Yes ___ No ___

Color Blindness Yes ___ No ___

Tuberculosis Yes ___ No ___

Nervous Disorders Yes ___ No ___

Diabetes Yes ___ No ___

Convulsions Yes ___ No ___

Other (explain) _____

*You are not required to answer these questions. However, it will help us serve you better, assist us in planning, and prevent unnecessary mistakes in correspondences.

Health Survey

The college is required to provide this information to the United States Department of Education, to assist in determining compliance with the Equal Opportunity Programs under the Civil Rights Act of 1964 and to assist this institution in obtaining information necessary to apply for federal Funds to be used for Financial Aid. It is not used in application decisions.

Check below if you feel a need for the following:

() Health Counseling

() Psychological Counseling

() Speech or Hearing Assistance

Mark appropriate answers. Please answer all questions.

Are presently under a doctor's care for a physical problem? Yes ___ No ___

Are you presently under a doctor's care for an emotional problem? Yes ___ No ___

Do you take any prescribed medication or drugs frequently for the following:

() Diabetes

() Epilepsy

() Cardiac Condition

() Hypertension

() Asthma/Hay Fever

Do you have a sight or coordination problem that limits your mobility? Yes ___ No ___

Do you have an impairment that causes you to walk with difficulty or Confines you to a wheelchair? Yes ___ No ___

Essay

Please write a paragraph stating why you would like to become a Cosmetologist/Nail Technician/Esthetician _____

How did you first learn about Michigan College of Beauty? (Circle one)

_____ High School Counselor _____ Family Member _____ Career Day _____ Employer
_____ High School Instructor _____ Newspaper Ad _____ Radio _____ Phone Book
_____ Friend/Acquaintance _____ Magazine Ad _____ Television _____ Other _____
_____ Salon _____ Mailing _____

_____ Who (other than you) most influenced you in your final decision to enroll at Michigan College of Beauty? _____

Please list any relatives and friends that may be interested in a Beauty Career.

Name _____ Phone _____

Name _____ Phone _____

Financing Your Education

If you need Government financial assistance to attend Michigan College of Beauty you (and/or your family) are required to complete an AFSA (application for Federal Student Aid) available from the Director of Admissions of MCB or by going to www.FAFSA.ed.gov. These will serve as an application for the Pell Grant and/or student loans. To determine qualifications an AFSA must be completed. Proof of income will also be required to be submitted.

Table with 3 columns: Check Appropriate Column, Already Applied (Give date), Plan to Apply. Rows include AFSA, Student Aid Report, Student Loan.

List other Aid or sponsors:

Two references of persons who would recommend you for training, not relatives.

Name _____

Address _____

City _____

Phone (_____) _____

Campus

_____ Waterford: PHCC dba Michigan College of Beauty
5620 Dixie Hwy
Waterford, MI 48329
Phone: 248-623-9494
Fax: 248-623-6505

_____ Cosmetology _____ Manicuring _____ Esthetician _____ Instructor Training

_____ Transfer: Previous training at _____ Hours _____

I wish to apply for admission for the month of:

_____ January _____ February _____ March _____ April

_____ May _____ June _____ July _____ August

_____ September _____ October _____ November _____ December

_____ Day Class _____ Night Class

Comments:

I submit this application as a true statement of fact for your consideration.

Applicant Signature _____ Date _____

Parents Signature (if under legal age) _____ Date _____

Call and make your appointment with the Admissions Director now, or, mail directly to the Office of Admissions.