



No Grease School of Tonsorial Arts

Application for Admission



No Grease School of Tonsorial Arts

Application for Admission

Start Date: _____ Day Evening Full-Time Part-Time New Student Re-Enrollee Transfer

Please Type or Print

Full Name: _____ Social Security Number _____ - _____ - _____
LAST NAME FIRST NAME MIDDLE NAME

Address: _____
STREET CITY STATE ZIP

Telephone: Home (____) _____ Work (____) _____ Date of Birth: ____/____/____

Email Address: _____

Sex:	Ethnic Group:	Citizenship:
<input type="checkbox"/> Male	<input type="checkbox"/> African American	<input type="checkbox"/> United States Citizen
<input type="checkbox"/> Female	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> United States Permanent Resident
	<input type="checkbox"/> Caucasian	(enclose copy of your resident alien card, front & back)
Veteran:	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Not a United States Citizen or Permanent Resident
<input type="checkbox"/> Yes	<input type="checkbox"/> Native American	
<input type="checkbox"/> No	<input type="checkbox"/> Other	

Course of Study:
 Barber

The following information is required by the National Accrediting Commission of Cosmetology Arts & Sciences:

Age:	Family Income:	Marital Status:
<input type="checkbox"/> Under 20	<input type="checkbox"/> \$0 - \$9,999	<input type="checkbox"/> Divorced/Widowed
<input type="checkbox"/> 20 - 23	<input type="checkbox"/> \$10,000 - \$19,999	<input type="checkbox"/> Married
<input type="checkbox"/> 24 - 29	<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> Single
<input type="checkbox"/> 30 - 39	<input type="checkbox"/> \$30,000 and over	
<input type="checkbox"/> 40 and over		

Number of Dependents: ____ male; ____ female

Have you previously obtained credit hours? Yes No If yes, where _____ when _____ how many hours _____? Please have a transcript sent to our school verifying hours and live model performances. If previous school is in another state, please request a Board Certification letter from your cosmetology board to be sent to our school.

Who referred you to No Grease School of Tonsorial Arts? _____
 How did you hear about No Grease School of Tonsorial Arts? _____

EMERGENCY INFORMATION - Person to notify in case of an emergency:
 Name _____ Address _____
 Telephone: Day (____) _____ Evening (____) _____ Relationship _____

Do you have an infectious condition or illness that would affect your ability to service a client? Yes No
 If yes, please provide details. _____

Applicant Certification

- Have you ever been convicted of a criminal offense? Yes No
(If yes, provide details on charges, locations, dates and dispositions. If additional space is needed, please attach a separate sheet)
- Are there any criminal charges pending against you at this time? Yes No
(If yes, provide details on charges, locations and dates. If additional space is needed, please attach a separate sheet)
- Have you ever been expelled, suspended or placed on probation from any school or college for any reason? Yes No
(If yes, provide details on circumstances. If additional space is needed, please attach a separate sheet)
- Have you ever applied to or been enrolled at No Grease School of Tonsorial Arts? Yes No
(If yes, please give the campus location and dates of attendance. If you did not complete, please explain why. If additional space is needed, please attach a separate sheet)
- Have you ever attended another barber or cosmetology school? Yes No
If yes, please provide the following information on your previous barber or cosmetology school(s):

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Telephone Number (_____) _____	Telephone Number (_____) _____
Dates of Attendance _____	Dates of Attendance _____

Explain why you did not complete their program. If additional space is needed, please attach a separate sheet.

Please share with us your interests, hobbies, sports, special training and skills that would contribute to your education with No Grease School of Tonsorial Arts

I certify that the information I have given on this application is complete and accurate. Any willful misrepresentation of fact may be cause for withdrawal of my application from consideration, cancellation of admission or registration or suspension from the school.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am or have been in attendance at this institution. Further, I authorize No Grease School of Tonsorial Arts to do a criminal background check.

The following items must accompany this application for enrollment.

- Copy of High School Transcript/GED Transcript/College Transcript
- Copy of Social Security Card
- Three Sealed Letters of Recommendation (use attached forms)
- Copy of Drivers License (or Birth Certificate, Photo ID Card)
- \$100 Registration Fee
- Statement of Purpose (see reverse of application)

Signature of Applicant: _____ Date: _____

If under 18, signature of Parent or Guardian: _____ Date: _____

Statement of Purpose

Applicant Name _____

Date _____

In a minimum of 200 words (but not exceeding 300 words), write an essay describing your purpose and goal for pursuing barbering and what influence you expect No Grease School of Tonsorial Arts to have on your life. You may use the space below or attach additional pages if necessary. Your Statement of Purpose must be typed or printed and submitted with your application packet.

