

APPLICATION/STUDENT PROFILE SHEET DATE:

Please provide the following information.

THIS FORM MUST BE FILLED OUT COMPLETELY! If something does not apply to you please place a N/A on the line.

First Name: Middle Initial: Last Name:

SS#

Street address:

City: State: Zip:

\*Email: Home Phone:

Work Phone: \*Cell Phone:

Date of Birth: Current Age: Cell Phone Provider:

Emergency Contact: Phone:

\*By providing email address, cell phone & cell phone carrier information, I am authorizing Citrus Heights Beauty College to contact me via these methods. (Student Initials)

Race

 Alaskan Native

 American Indian

Asian

 African American

 Hispanic

 Non Resident Alien

 Other

 Pacific Islander

 Unknown

 Caucasian

Marital Status: Single Married Divorced Widowed Gender: Female Male

For Cosmetology Students are you Right or Left Handed?

High School Graduation Date: High School you attended:

Education Level:

 HS Diploma

 HS Transcript

 GED

 College Grad

 Current HS Student

 Some Post Secondary

 Associates Degree

Will you be applying for Federal Financial Aid? YES NO

Have you applied for FASFA? YES NO If yes… what date did you apply?

If you were enrolled in another College at any time in the past year did you receive Federal Financial Aid YES NO

If so was it the PELL GRANT STUDENT LOAN or BOTH

How did you hear about us?

Drivers License/State ID #: State of Drivers License/ID: Veteran: YES NO

Course Start Date Desired:

The following will need to be brought into the College with submission of the Student Profile Sheet:

* Driver’s License or State Issued ID Card or US Passport
* High School Diploma/Transcripts, GED, College Transcripts PSA – Home Schooling
* Social Security Card
* If you have previous hours from another school; bring Proof of Training documents

DO NOT SEND THE APPLICATION TO THE SCHOOL; BRING IT WITH YOU TO THE ADMISSION EXAM.

Please in brief answer the following questions:

Why have you chosen a career in the Beauty Industry? Do you have a friend or family member in the industry?

What are your best qualities? Worst qualities? Why should we accept you as a student in our program?

Why are you choosing Citrus Heights Beauty College?

Parent/Guardian Spouse/Significant Other

Name:

Address:

City: State:

Phone:( ) Zip:

Cell Phone:

Relationship:

Reference 3

Name:

Address:

City: State:

Phone: ( ) Zip:

Relationship:

Cell Phone:

Reference 2

Name:

Address:

City: State:

Phone:( ) Zip:

Cell Phone:

Relationship:

Reference 4

Name:

Address:

City: State:

Phone: ( ) Zip:

Cell Phone:

Relationship:

Student Name Print Student Signature

 Parent Signature (if under) Date