



UNIVERSITY OF SPA & COSMETOLOGY ARTS

ENROLLMENT APPLICATION

Form with fields: FIRST NAME, LAST NAME; SS#; ADDRESS; CITY, STATE, ZIP; HOME PHONE; WORK PHONE; CELL PHONE; E-MAIL; CELL PHONE CARRIER; BIRTHDATE; BIRTH PLACE; MAIDEN NAME; ARE YOU EMPLOYED?; MARITAL STATUS; CHILDREN?; DIPLOMA / GED; YEAR GRAD; HIGH SCHOOL FROM WHICH YOU GRADUATED & DATES OF ATTENDANCE; COURSE OF STUDY; FINANCIAL; EXPECTED DATE OF ENROLLMENT; HOW DID YOU HEAR ABOUT USCA?; SCHEDULE; HIGHEST LEVEL OF EDUCATION COMPLETED; HAVE YOU ATTENDED ANY COLLEGES/UNIVERSITIES...; IF YES, DID YOU COMPLETE?; HAVE YOU PREVIOUSLY USED ANY FEDERAL FINANCIAL AID...

I UNDERSTAND THAT THIS IS AN APPLICATION FOR ENROLLMENT, NOT A CONTRACT. ALL INFORMATION PROVIDED IS TRUE AND COMPLETE. .

Form with fields: DATE; SIGNATURE; DATE; ACCEPTED FOR USCA



CONFIDENTIAL SUCCESS QUESTIONNAIRE

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| WHAT IS THE PRIMARY REASON THAT YOU HAVE CHOSEN THIS CAREER AND THIS SCHOOL? |
| LIST ANY LIMITATIONS THAT MAY AFFECT YOUR ABILITY TO SUCCEED IN COSMETOLOGY SCHOOL |
| HAVE YOU EVER BEEN CONVICTED OF A FELONY? |
| HOW WILL YOU SUPPORT YOURSELF FINANCIALLY WHILE YOU ARE IN SCHOOL? |
| WHAT KIND OF WORK OR EMPLOYMENT DO YOU HAVE AT THIS TIME, AND WILL YOU CONTINUE DURING SCHOOL? |
| HAVE YOU MADE CHILDCARE ARRANGEMENTS? |
| DO YOU HAVE RELIABLE TRANSPORTATION TO SCHOOL? |
| WHAT ARE YOUR PLANS FOR EMPLOYMENT WHEN YOU COMPLETE YOUR PROGRAM? |

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| PARENT OR GUARDIAN / ADDRESS / PHONE / RELATIONSHIP |
| IN CASE OF EMERGENCY, INDICATE THE PERSON YOU REQUEST USCA TO CONTACT: |

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|------|-----------|
| DATE | SIGNATURE |
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