



**UNIVERSITY**  
OF SPA & COSMETOLOGY ARTS

**ENROLLMENT APPLICATION**

FIRST NAME, LAST NAME			SS#		
ADDRESS			CITY, STATE, ZIP		
PREFERRED PRONOUN <input type="checkbox"/> Her <input type="checkbox"/> Him <input type="checkbox"/> They		CELL PHONE	WORK PHONE		E-MAIL
CELL PHONE CARRIER					
<input type="checkbox"/> Alltel <input type="checkbox"/> AT & T <input type="checkbox"/> Boost Mobile <input type="checkbox"/> Chat Mobility <input type="checkbox"/> Cricket		<input type="checkbox"/> I Wireless <input type="checkbox"/> Long Lines <input type="checkbox"/> Metro PCS <input type="checkbox"/> Nextel <input type="checkbox"/> Qwest Wireless		<input type="checkbox"/> Sprint <input type="checkbox"/> Straight Talk <input type="checkbox"/> T-Mobile <input type="checkbox"/> US Cellular <input type="checkbox"/> Verizon	
<input type="checkbox"/> Viaero <input type="checkbox"/> Virgin Mobile <input type="checkbox"/> Other _____					
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			
<input type="checkbox"/> COSMETOLOGY <input type="checkbox"/> ESTHIOLOGY <input type="checkbox"/> NAIL TECHNOLOGY <input type="checkbox"/> INSTRUCTOR TRAINING		<input type="checkbox"/> TUITION WILL BE PAID IN FULL ON FIRST DAY OF CLASS <input type="checkbox"/> TUITION WILL BE PAID IN MONTHLY PAYMENTS <input type="checkbox"/> I PLAN TO APPLY FOR FEDERAL FINANCIAL AID (GRANTS/LOANS) <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____			
<b>EXPECTED DATE OF ENROLLMENT</b> <b>COSMETOLOGY – ESTHETICS – NAILS</b>			<b>HOW DID YOU HEAR ABOUT USCA?</b>		
<b>2020</b> <input type="checkbox"/> JANUARY 21(22) <input type="checkbox"/> MARCH 3(4) <input type="checkbox"/> APRIL 21(22) <input type="checkbox"/> JUNE 9(10) <input type="checkbox"/> JULY 28(29) <input type="checkbox"/> SEPTEMBER 15(16) <input type="checkbox"/> OCTOBER 27(28) <input type="checkbox"/> DECEMBER 8(9)			<b>2021</b> <input type="checkbox"/> JANUARY 26(27) <input type="checkbox"/> MARCH 9(10) <input type="checkbox"/> APRIL 20(21) <input type="checkbox"/> JUNE 8(9) <input type="checkbox"/> JULY 27(28) <input type="checkbox"/> SEPTEMBER 14(15) <input type="checkbox"/> OCTOBER 26(27) <input type="checkbox"/> DECEMBER 7(8)		
<input type="checkbox"/> CURRENT STUDENT (NAME: _____) <input type="checkbox"/> GRADUATE STUDENT (NAME: _____) <input type="checkbox"/> SALON / STYLIST (NAME: _____) <input type="checkbox"/> RADIO (STATION NAME: _____) <input type="checkbox"/> NEWSPAPER (NAME: _____) <input type="checkbox"/> INTERNET – BEAUTY SCHOOLS DIRECTORY <input type="checkbox"/> INTERNET – USCA WEBSITE <input type="checkbox"/> OTHER _____					
<b>SCHEDULE:</b> <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME					
<b>HIGHEST LEVEL OF EDUCATION COMPLETED:</b> <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> BACHELORS DEGREE (4 YEAR) <input type="checkbox"/> OTHER _____ <input type="checkbox"/> GED <input type="checkbox"/> ASSOCIATES DEGREE (2 YEAR) <input type="checkbox"/> VOCATIONAL SCHOOL					
<b>HAVE YOU ATTENDED ANY COLLEGES/UNIVERSITIES, COSMETOLOGY SCHOOLS OR POSTSECONDARY TRAINING (COLLEGE LEVEL)?</b> <b>IF YES, WHERE &amp; WHEN</b>					
<b>IF YES, DID YOU COMPLETE? IF NOT, WHY NOT?</b>					
<b>HAVE YOU PREVIOUSLY USED ANY FEDERAL FINANCIAL AID (GRANTS OR LOANS)</b>					

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

DATE	SIGNATURE
DATE	ACCEPTED FOR USCA



## CONFIDENTIAL SUCCESS QUESTIONNAIRE

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?

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

DATE	SIGNATURE
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