

Institute of Beauty Culture
325 East Betteravia Suite B-6A
New Student Application

I. Personal Information

Name: _____
Last Name First Name Middle

Date of Birth: ____/____/____
Month / Day / Year

Permanent Address: _____
Street or P.O. Box Apt. Number

City State / Province Zip / Postal Code

Mailing Address: _____
(if different) Street or P.O. Box Apt. Number

City State / Province Zip / Postal Code

Home Phone: (____) _____ **Work Phone:** (____) _____

Cell Phone: (____) _____ **Email:** _____

Parent / Guardian / Emergency Contact #1

Name: _____ **Phone:** (____) _____

Relationship to Student: _____ **Alternate Phone:** (____) _____

Street or P.O. Box Apt. Number

City State / Province Zip / Postal Code

Parent / Guardian / Emergency Contact #2

Name: _____ **Phone:** (____) _____

Relationship to Student: _____ **Alternate Phone:** (____) _____

Street or P.O. Box Apt. Number

City State / Province Zip / Postal Code

Are you a U.S. citizen or legal permanent resident? Yes No

If No, please answer the following questions:

•Is English your primary language? Yes No

•Country of Citizenship _____

The student must have the ability to read and write English at the level of a Graduate of a US High School as demonstrated by the possession of such High School Diploma, GED or its equivalent.

Ethnicity: Hispanic American Indian or Alaskan Native Asian Black/African American

Native Hawaiian or Pacific Islander White Choose not to select

Gender Identity (Optional): Female Male Other _____

Veteran (US Armed Forces): Yes No

II. Educational Background

High School _____
Name City State

Date of High School or G.E.D. Proficiency or equivalent. Completion _____
(Month / Year)

Please list all colleges, universities, or other post-secondary institutions attended (starting with most recent).

Institution	City / State	Dates Attended	Major	Degree Awarded

III. Employment Data

Please list all work experience starting with current or most recent position.

Company Name	Position / Title	City / State	Dates of Employment	
			From	To
			From	To

IV. Personal References: You must provide complete references that are NOT family members.

Name / Title	Address	City / State / Zip Code	Phone / Email

V. Additional Info

What Program are you applying for? _____
(i.e., Barbering, Cosmetology, Manicurist, Crossover program)

When are you able to start the program? _____
(Month / Day / Year)

Enrollment: Full Time Part Time

How did you first hear about Institute of Beauty Culture? _____ Referred by: _____

VI. Acknowledgment

_____ Your initials here constitute your express written consent to be called, e-mailed and/or texted by Institute of Beauty Culture, Inc. at the number(s) and email(s) you provided on this application. You understand that these calls and /or emails may be generated using an automated technology.

By signing this application I acknowledge that all information provided is complete and accurate to the best of my knowledge. I understand that acceptance to Institute of Beauty Culture is contingent upon an interview with admissions personnel, paying the \$100.00 application fee, *providing a copy of my high school diploma, HS graduation transcripts reflecting high school completion, GED or its equivalent, providing a copy of my driver's license and signing of the Institute of Beauty Culture Enrollment Agreement.*

Student Name (please print) _____

Student Signature _____ Date _____

A Parent or Guardian signature needed if applicant is less than 18 years of age at time of application.

Parent Signature _____ Date _____

The Institute of Beauty Culture, in compliance with Civil Rights Legislation, is committed to providing educational programs to otherwise eligible students regardless of race, religion, color, sex, ancestry, national origin, age, sexual orientation, or disability with respect to admission or employment or in the administration of any of its educational programs, activities, or placement programs.