



ENROLLMENT APPLICATION – “ ” (’ ,

Applicant Information

Please provide us with your personal information so we might maintain accurate information for our enrollment and academic records and to facilitate official communication about your application.

Full Name: Last: _____ First: _____ MI _____

Address: Street: _____ Apt #: _____

City: _____ State/Prov: _____ Zip Code: _____ Country: _____

Phone: _____ E-Mail: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Email: _____

Are you a citizen or permanent resident of the United States? Yes ___ No ___

If no, what authorization do you have to study and/or work in the United States? _____
(Please attach documentation of your authorization to study and/or work in the United States)

Have you ever worked for or studied with this company? Yes ___ No ___

If so, when? _____

Education

Please provide us with information about your educational background so we might assess your eligibility to enroll in the program of your choice and ensure that our education is crafted to match your background.

High School: _____ Address: _____

From (mm/yy): _____ To (mm/yy): _____ Did you graduate? Yes ___ No ___

College Name: _____ Address: _____

From (mm/yy): _____ To (mm/yy): _____ Did you graduate? Yes ___ No ___

Cosmetology School: _____ Address: _____

From: _____ To: _____ Did you graduate? Yes ___ No ___



Other Advanced or Specialty Education or Degrees and Dates: _____

Work Experience

Please provide us with your work experience history so we might understand your relevant skills and experience to ensure you receive the most personally relevant education.

Please list your most recent employment first.

Company: _____ Phone: _____

Address: _____

Position: _____ Supervisor: _____

A brief summation of duties performed: _____

Company: _____ Phone: _____

Address: _____

Position: _____ Supervisor: _____

A brief summation of duties performed: _____

Company: _____ Phone: _____

Address: _____

Position: _____ Supervisor: _____

A brief summation of duties performed: _____



Professional References

Please provide us with three professional references so we might confirm your professional qualifications to enroll at The Mastery.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ Email: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____ Email: _____

Financial Profile

Please provide information about your financial background and resources so we might assist you in determining the best solution for financing the program of your choice. By signing this application you authorize The Mastery to conduct a financial background check at its sole discretion within 2 months of receiving your signed application.

Soc. Sec. Number: _____ (optional here – will be needed for financing application and enrollment agreement)

Please select your payment option: Full payment in advance _____ Monthly payments in advance _____

What will be your source(s) of funding (check all that apply):

- Personal funds
- Relative or other financial supporter
- Private loan From what financial institution: _____
- Other. Please specify: _____

Have you ever filed for bankruptcy? Yes _____ No _____ If yes, when: _____

Do you have any outstanding federal student loans? Yes ___ No ___

If yes, are all of your federal student loans (if applicable) in good standing? Yes _____ No _____



Outstanding Accomplishments

Please describe your most outstanding accomplishments that you believe will set you apart from other applicants (include dates)

Accomplishment #1: _____

Accomplishment #2: _____

Accomplishment #3: _____

Continue on separate page if necessary.

Motivation/Interests

Please give us some insight into your motivation and interests relative to the industry and your career of choice.

How did you hear about *The Mastery By Esani*?

- From a friend or acquaintance
- Mastery information session/event. Please specify where and when: _____
- Online / social networking site (Google search, Facebook, Twitter, YouTube, LinkedIn). Please specify specific online site/source: _____

What made you decide to apply to enroll at The Mastery? _____

Please respond to one of the following two topics and submit your response in the form of a written essay or video presentation. Please check the topic that you have selected.

- OPTION #1: What are your dreams for your career and how do you plan to make your career dreams come true?
- OPTION#2: What do you see as the greatest opportunity for the beauty industry to improve and how do you see your training at The Mastery and your future career plans contributing to helping the industry improve?



By signing this application, you are attesting that all of the information provided is accurate and complete, providing your authorization for The Mastery to perform all of the necessary steps to determine your eligibility to enroll in the program of your choice, including financial background checks and reference checks, and confirming your ability to meet all of the enrollment requirements including financial payments.

Applicant Signature: _____

Date: _____

This application is complete only if accompanied by the following:

- Non-refundable application fee
- Copy of valid drivers' license or other approved government-issued identification (e.g. passport)
- Copy of valid cosmetology or hair design license
- If you are not a US citizen or US permanent resident, copy of authorization to study/work in the US

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Interview Assessment Date: _____

Rating: _____

Technical Evaluation Date: _____

Rating: _____

Evaluation Comments: _____

Professional Reference Checks - Feedback:

#1: _____

#2: _____

#3: _____