



ENROLLMENT APPLICATION

PERSONAL INFORMATION

First Name: _____ Last Name: _____
Street Address: _____
City, State, Zip: _____
Cell Phone: _____ Home Phone: _____ E-mail: _____
Preferred Method of Contact: Phone Call, Email or Text Message
Date of Birth (MM/DD/YYYY): _____ Social Security Number: _____
Emergency Contact Name: _____
Relationship: _____
Street Address: _____
City/State/Zip: _____ Contact Phone Number: _____

EDUCATION

High School plus City/State: _____
Received High School Diploma/GED? Enter Yes or No
If yes, date received: _____
College (if applicable): _____
Degree received: _____ Date received: _____
Are you currently a licensed cosmetologist? Enter Yes or No

INTERESTS

Please check all that apply.

MAKEUP

- | | |
|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fashion | <input type="checkbox"/> Studio |
| <input type="checkbox"/> Bridal | <input type="checkbox"/> Camouflage |
| <input type="checkbox"/> Editorial | <input type="checkbox"/> On Set |

CAREER

- | | |
|------------------------------------|---|
| <input type="checkbox"/> For Fun | <input type="checkbox"/> Professional Makeup Artist |
| <input type="checkbox"/> Freelance | <input type="checkbox"/> Makeup Instructor |

OTHER BEAUTY INDUSTRY INTRESTS

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Cosmetology | <input type="checkbox"/> Hair |
| <input type="checkbox"/> Esthetics | <input type="checkbox"/> Other: _____ |

COMMITMENT

I am securing my space in the class by paying a \$100 down payment fee, I understand that \$50 of this is a non-refundable application fee.

Payment Method: _____ Type of financing covering the cost of the program? _____

I am not yet ready to make a commitment but I am interested in learning more about joining the Advanced Makeup Academy

Signature: _____ Date: _____