



PRE-APPLICATION FOR ADMISSION

NAME _____ SOCIAL SECURITY NUMBER _____
LAST FIRST MIDDLE

CURRENT MAILING ADDRESS _____
STREET CITY STATE ZIP

HOME ADDRESS _____
IF DIFFERENT FROM ABOVE STREET CITY STATE ZIP

EMAIL ADDRESS _____

HOME PHONE () _____ CELL PHONE () _____

Cell Phone Provider: _____

By providing email, cell phone and cell phone carrier information I am authorizing the school to contact me via these methods: _____ (initials)

ARE YOU AT LEAST 16 YEARS OF AGE? ____ YES ____ NO

EMPLOYER _____

PHONE _____

ADDRESS _____
STREET CITY STATE ZIP

HAVE YOU BEEN CONVICTED OF A FELONY¹ () yes () no OR MISDEMEANOR? () yes () no

IF YES, EXPLAIN IN DETAIL:

ARE THERE ANY PENDING FELONY CHARGES AGAINST YOU? () yes () no

IF YES, PLEASE EXPLAIN:

ARE YOU ON PROBATION () yes () no OR PAROLE? () yes () no

IF YES, EXPLAIN IN DETAIL INCLUDING NAME AND TELEPHONE NUMBER OF YOUR PROBATION OFFICER:

EDUCATIONAL INFORMATION

HIGHSCHOOL: 9 10 11 12 DID YOU GRADUATE? ____ YES ____ NO GED: ____ YES ____ NO
please circle last grade completed

¹ MCB reserves the right to perform a background check of any applicant. Any false or misleading statements on this application are grounds for immediate termination of the application process.

VOCATIONAL/TECHNICAL/BUSINESS: 1YR 2YR

COLLEGE: 1 2 3 4

NAME OF HIGHSCHOOL _____ **CITY** _____ **STATE** _____

COLLEGES/OTHER SCHOOLS ATTENDED

COURSE

DEGREE(S)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

LIST OTHER SCHOOLS TO WHICH YOU HAVE APPLIED OR INTEND TO APPLY FOR ADMISSION:

Have you attended another Cosmetology/Esthetics/Nail Technician program before: _____

If yes, which school, what program and when did you attend: _____

If yes, did you: graduate / drop out / other (circle one)

Program you are interested in: _____Cosmetology _____Manicuring (400 hrs.)

_____Nail Technician (600 hrs.) _____Advanced Esthetics

_____Instructor

When would you like to start classes? _____

Do you currently have student loans? _____

If you answered yes to the previous question, what is the status of your loan (default, current, deferment, forbearance):

Have you received federal financial aid at another school via the FAFSA process in the last 12 months: _____

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in training you for the specific program for which you are applying for admission?
Please initial your answer.

_____Yes _____No

If, no, please explain:

Is there any reason why you may have to drop out of school or take a leave of absence before finishing with the program? If yes, please explain:

Do you have a reliable source of transportation? How do you plan to get to school each day?

_____ Do you have back-up plans? _____

If you have children, do you have reliable child-care arrangements while you're in school?

_____ Do you have back-up plans? _____

Expression of Interest: PLEASE EXPLAIN WHY YOU WOULD LIKE TO BECOME A COSMETOLOGIST, NAIL TECHNICIAN, ESTHETICIAN, or INSTRUCTOR:

YOU MAY CONTINUE WRITING ON THE REVERSE SIDE OF THIS PAGE, IF YOU NEED MORE SPACE.

HOW DID YOU FIRST LEARN ABOUT MICHIGAN COLLEGE OF BEAUTY? _____

WHO INFLUENCED YOU MOST IN YOUR FINAL DECISION TO APPLY AT MCB? _____

WHAT ARE YOUR PLANS AFTER GRADUATION? _____

DO YOU WISH TO BE CONSIDERED FOR FINANCIAL ASSISTANCE? () YES () NO

Pre-application for Admission

PLEASE LIST ANY RELATIVES AND FRIENDS WHO MAY BE INTERESTED IN HEARING ABOUT THE PROGRAMS WE OFFER AT MCB:

NAME _____ Phone: _____

NAME _____ Phone: _____

I SUBMIT THIS APPLICATION AS A TRUE STATEMENT OF FACT FOR YOUR CONSIDERATION

APPLICANT SIGNATURE _____ DATE _____

PARENT'S SIGNATURE (IF UNDER LEGAL AGE) _____ DATE _____