

Application for Enrollment



The following constitutes application for enrollment at Creative Hair Styling Academy, 2549 Highway Avenue, Highland, Indiana 46322. This Application must be submitted with a non-refundable Application Fee of \$50.00. Upon receipt, our Admissions Director will contact you to schedule your appointment. Please print or type clearly all answers. If one does not apply, please draw a line in the space.

Please tell us how you heard about Creative, or who recommended our Academy. _____

Name: _____
Last First Initial

Permanent Address: _____
Street Address

_____ City State Zip Code

Phone Number: (_____) _____ - _____ Birth Date: _____ / _____ / _____

Email: _____

Driver's License #: _____ Sex: Male Female

- Course of Study Desired:
- Cosmetology
 - 13 Month Program
 - 10 Month Program
 - Esthetics
 - Instructor Training

- Present Position:
- Working
 - Student
 - Other _____

- Education:
- High School Diploma
 - GED

- Marital Status:
- Married
 - Single/Divorced/Widowed

Number of applicant's children: _____ Their ages: _____

If children are pre-schoolers, who will care for them while applicant is in school? _____

Has applicant attended any school since high school or the completion of GED? Yes No
(i.e. college, university, post high school vocational or technical school)

If yes, Name: _____ Date Attended: _____

Does applicant plan to work while in his/her training period? Yes No

Is applicant: self-supporting? dependent on parent(s) or spouse?

Type of work engaged in by applicant's father or spouse: _____

By whom is applicant's father or spouse employed?

Company Name: _____ Phone Number: (_____) _____ - _____

Address: _____
Street Address

_____ City State Zip Code

If living with parent(s), is applicant's mother employed? Yes No

By whom is applicant's mother employed?

Company Name: _____ Phone Number: (_____) _____ - _____

Address: _____
Street Address

_____ City

_____ State

_____ Zip Code

Who is the closest relative not living with you?

Name: _____ Phone Number: (_____) _____ - _____

Address: _____
Street Address

_____ City

_____ State

_____ Zip Code

Does applicant wish to apply for any federal financial assistance programs? Yes No

IF YES, your FAFSA (Free Application for Federal Student Aid) must be completed on-line at **www.fafsa.ed.gov**, or you may call 1-(800) 4FEDAID (433-2147) and they will mail you up to three (3) applications. Enter our school code **011505** in the requested area on the FAFSA and we will receive an automatic ISIR, which is necessary prior to scheduling your appointment at Creative. CAUTION: Be sure to type the above web address. This is the official federal website and it is FREE. All others will charge you a fee.

When does applicant wish to begin his/her course of study? _____

When does applicant wish to be contacted to schedule an appointment for an initial interview?

\$50.00 Application Fee Enclosed (Non-refundable)

Signature of Applicant Date



Mail this application to:

Creative Hair Styling Academy
2549 Highway Avenue 46322
219 | 838-2004 phone

FOR OFFICE USE ONLY

Application Fee Received

Appointment Scheduled