

## Application for Admission

We strive to provide the highest quality educational opportunity for our students in a diverse learning environment. First Class Cosmetology School's Admissions Office seeks to enroll students whose preparation, both personal and professional, will contribute to the student's success in addition to our campus environment.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name, if different than legal name: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Choice:  Cosmetology/Barbering 1550 hours  Esthetics 600 hours  Manicuring 350 hours  
 Massage Therapy 750 hours Requested Start date: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact's Phone: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Number of Enrollee's Dependents in Home, if any \_\_\_\_\_

Do you have reliable transportation to and from school? \_\_\_\_\_ Current Employer: \_\_\_\_\_

Do you plan to remain employed while in school? \_\_\_\_\_ Will you require a modified schedule for work or children: \_\_\_\_\_

### EDUCATION

High School Attended: \_\_\_\_\_ Graduation Date: \_\_\_\_\_ GPA: \_\_\_\_\_

Certificate Received: Diploma \_\_\_\_ GED \_\_\_\_ Previous College/ University: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Area of Study: \_\_\_\_\_ Degree Earned: \_\_\_\_\_

Have you ever received Federal Financial Aid? \_\_\_\_\_

Have you been suspended or dismissed from any Cosmetology school or College for poor academic progress, attendance issues, or disciplinary reasons? Please explain: \_\_\_\_\_

Please check any of the following below that apply:

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- Military Veteran
  - A Citizen of the United States
  - Lawful Permanent Resident Alien Registration Number \_\_\_\_\_
  - Handicapped/ Special Needs
  - IEP (Individualized Education Program)
  - 504 Plan
  - Felony Conviction
  - Convicted of Possessing or Distributing Illegal Substances while receiving Federal Financial Aid
  - Incarcerated in the last 5 years
  - Registered Sex Offender
  - Expelled from School/ University
  - Homeless or at risk of homelessness
  - Probation/ Parole

**TELL US ABOUT YOURSELF**

Tell us a little about yourself:

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Why have you chosen to pursue Cosmetology/ Nail Technician/ Esthetics/ Barbering/ Massage Therapy?

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Tell us about your academic strengths. What do you excel at? \_\_\_\_\_

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Describe any academic weaknesses and what you do to overcome them: \_\_\_\_\_

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Employers in the industry state their biggest challenge is hiring reliable, motivated individuals. Have you ever been disciplined in a school environment or terminated from work due to poor attendance or tardiness? \_\_\_\_\_ If yes, please explain how you learned from the experience and how you will ensure reliability during your training.

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Describe yourself in one word: \_\_\_\_\_

Please tell us why you are a good fit for First Class Cosmetology School: \_\_\_\_\_

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**ADMISSION POLICY**

All prospective students must complete and return an Enrollment Application. All applications will be reviewed and approved by both the Campus and Admissions Directors. Incomplete applications will not be considered for review. Applications received from an applicant with a felony conviction will be further reviewed by the Administration. Applying does not guarantee admission into the program.

FCCS reserves the right to approve or deny admission based on the information gathered from the admissions process. I certify that the above information is true and complete to the best of my knowledge. I understand that any information that is withheld or is inaccurate may affect my enrollment or financial aid status. I also understand that if I have applied for financial assistance, information concerning the amount of aid I may be offered may be released to other agencies that may also be considering me for assistance. I have received First Class Cosmetology School's Tuition Chart with program cost information. I understand if I choose not to attend; the Application and Registration fee are not refundable.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please indicate Payment Option (mark all that apply):  Federal Pell Grant  Federal Student loans  
 Parent plus loans  Payment in full  Payment plan with school  OTHER: \_\_\_\_\_

If submitting electronically, you can pay the application/registration FEE via CashApp or Venmo. Please forward completed application to [angiem@fccsmail.com](mailto:angiem@fccsmail.com). Text 608-322-9926 if you have any questions.