



Application for Admission

For Office Use Only	
Date _____	
Date Accepted _____	
Diploma	<input type="checkbox"/>
Letters of Recommendation	<input type="checkbox"/>
Driver's License/ID	<input type="checkbox"/>
Social Security Card	<input type="checkbox"/>
Letter of Intent	<input type="checkbox"/>
Enrollment Date _____	

Personal Information

Full Legal Name (Last, First, Middle)	Home Phone	Cell Phone
Former Name (if different than above)	Cell Phone Carrier:	
Mailing Address:		
Street	City	State
Permanent Address (if different than above)		
Social Security Number	Email Address	
Date of Birth	Current Age	

Statistical Information

Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Other
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Family Income: <input type="checkbox"/> 0-30,000 <input type="checkbox"/> 30,001-48,000 <input type="checkbox"/> 48,001-75,000 <input type="checkbox"/> 75,001-110,000 <input type="checkbox"/> 110,001 & up	
Do you have dependents?: <input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4-5 <input type="checkbox"/> Over 5	

Education Plans

Program of interest: <input type="checkbox"/> Daytime <input type="checkbox"/> Evening	Date you are planning to attend school: <input type="checkbox"/> Jan <input type="checkbox"/> Feb <input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> Aug <input type="checkbox"/> Sept <input type="checkbox"/> Oct <input type="checkbox"/> Nov
Have you ever attended Cosmetology School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you: <input type="checkbox"/> Right Handed <input type="checkbox"/> Left Handed
Program Attended and Start Date:	
How did you hear about The Colorlab Academy?	
Will you be applying for Financial Aid? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Educational Background

Name of High School/Colleges attended	City/State	Graduation Date	Area of Study

Personal History

List any information below that you want The Colorlab Academy of Hair to know about you?

Are you Employed? _____ If yes, what days and hours do you work?

Transportation: ___ I drive my own vehicle ___ I will be dropped off ___ I will take public transportation ___ I will carpool

Please submit all of the following requirements with the admissions application.

- A Fully Completed Application Form**
- A \$25.00 Application Fee**
- A High School Diploma/Official Transcript/Copy of your GED Certificate**
- 2 Letters of Recommendation - 1 Professional, 1 Personal**
(Letters must be typed. Please have individual include their name, address, phone and relation)
- Copy of Driver's License or Government Issued ID**
- Social Security Card**
- Letter of Intent**

Please use the following questions as a guide for your letter of intent: (Must Be Typed)

- What inspires you to educate yourself in this profession?
- What is your future goal?
- Who inspires you to be the person you are today and why?
- Why did you choose The Colorlab Academy of Hair?

Student Certification

I certify that the information I have provided for admission to The Colorlab Academy of Hair is complete and accurate to the best of my knowledge. I understand that misrepresentation of information is sufficient grounds for canceling admission to The Colorlab Academy.

Applicant's Signature _____

Date: _____

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Notes/ Additional Comments: _____

