

# Josef's School of Hair Design, Inc. & Josef's West Academy

## APPLICATION FOR ADMISSION

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phones \_\_\_\_\_ Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Ethnicity \_\_\_\_\_

Will you be applying for financial aid? \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_ Marital Status \_\_\_\_\_ # of Dependents \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Trade Schools or Colleges previously attended \_\_\_\_\_ Dates attended and/or graduated \_\_\_\_\_

Have you ever been convicted of an offense other than minor traffic violations? Yes or No (Circle one). If yes, attach a written explanation including the nature of the offense, action taken, and copy of criminal judgment.

Previous to or upon enrollment, applicant must provide the following:

1. A copy of Birth Certificate
2. A copy of High School Diploma, GED, transcript or state issued certificate
3. \$100 (\$50 Enrollment Fee & Non-refundable Application Fee \$50)

**COSMETOLOGY** Campus:  Fargo  Josef's West Academy  Grand Forks Start Date: \_\_\_\_\_

**MASSAGE THERAPY** Campus:  Josef's West Academy  Grand Forks Start Date: \_\_\_\_\_

**SKIN ESTHETICS** Campus:  Josef's West Academy  Grand Forks Start Date: \_\_\_\_\_

**NAIL TECHNOLOGY** Campus:  Grand Forks Start Date: \_\_\_\_\_

**COSMETOLOGY INSTRUCTOR** Campus:  Fargo  Josef's West Academy  Grand Forks Start Date: \_\_\_\_\_

Select the next statement that applies to the program you are enrolling in:

I hereby certify that I have enrolled as a student at Josef's School of Hair Design, Inc. or Josef's West Academy for the study of an **1800 hour Cosmetology course** to be completed in twelve months three weeks consecutively, unless otherwise arranged or by special permission from the Board.

I hereby certify that I have enrolled as a student at Josef's School of Hair Design, Inc. or Josef's West Academy for the study of a **750 hour Massage Therapy** course to be completed in six consecutive months, unless otherwise arranged or by special permission from the Board.

I hereby certify that I have enrolled as a student at Josef's School of Hair Design, Inc. or Josef's West Academy for the study of a **600 hour Skin Esthetics course** to be completed in four consecutive months, unless otherwise arranged or by special permission from the Board.

I hereby certify that I have enrolled as a student at Josef's School of Hair Design, Inc. for the study of a **350 hour Nail Technology** course to be completed in three consecutive months, unless otherwise arranged or by special permission from the Board.

I hereby certify that I have enrolled as a student at Josef's School of Hair Design, Inc. or Josef's West Academy for the study of a **960 hour Cosmetology Instructor course** to be completed in six consecutive months, unless otherwise arranged or by special permission from the Board.

Applicant \_\_\_\_\_ Date \_\_\_\_\_

### Josef's School of Hair Design, Inc. & Josef's West Academy Acknowledgement

I have received the following information prior to my enrollment. (Please initial)

\_\_\_\_\_ School catalog (including the following):

Financial Aid information

Physical demands of practicing the profession

State Licensing Requirements

NACCAS Completion, Licensure & Placement Rates

Safety requirements for the profession

Compensation a successful graduate may reasonably expect

Applicant \_\_\_\_\_ Date \_\_\_\_\_