

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: <input type="checkbox"/> Fargo <input type="checkbox"/> Josef's West Academy <input type="checkbox"/> Grand Forks	Start Date: _____
MASSAGE THERAPY	Campus: <input type="checkbox"/> Josef's West Academy <input type="checkbox"/> Grand Forks	Start Date: _____
SKIN ESTHETICS	Campus: <input type="checkbox"/> Josef's West Academy <input type="checkbox"/> Grand Forks	Start Date: _____
NAIL TECHNOLOGY	Campus: <input type="checkbox"/> Grand Forks	Start Date: _____
COSMETOLOGY INSTRUCTOR	Campus: <input type="checkbox"/> Fargo <input type="checkbox"/> Josef's West Academy <input type="checkbox"/> 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 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 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 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 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 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 from Josef's School of Hair Design, Inc. prior to my enrollment:

___ School catalog (including the following):

- | | |
|---|--|
| Financial Aid information | Placement Rates |
| Physical demands of practicing the profession | Safety requirements for the profession |
| Licensing Rates | Compensation a successful graduate may reasonably expect |

Applicant _____ Date _____