



PRE-APPLICATION FOR ADMISSION

NAME _____ SOCIAL SECURITY NUMBER _____
 LAST FIRST MIDDLE

CURRENT MAILING ADDRESS _____
 STREET CITY STATE ZIP

HOME ADDRESS _____
IF DIFFERENT FROM ABOVE STREET CITY STATE ZIP

EMAIL ADDRESS _____

HOME PHONE () _____ CELL PHONE () _____

CELL PHONE PROVIDER: _____

BY PROVIDING E-MAIL ADDRESS, CELL PHONE AND CELL PHONE CARRIER INFORMATION, I AM AUTHORIZING THE SCHOOL TO CONTACT ME VIA THESE METHODS: _____ (INITIALS)

ARE YOU AT LEAST 16 YEARS OF AGE? ____ YES ____ NO

EMPLOYER _____

PHONE _____

ADDRESS _____
 STREET CITY STATE ZIP

HAVE YOU BEEN CONVICTED OF A FELONY¹ () yes () no OR MISDEMEANOR? () yes () no

IF YES, EXPLAIN IN DETAIL:

ARE THERE ANY PENDING FELONY CHARGES AGAINST YOU? () yes () no

IF YES, PLEASE EXPLAIN:

ARE YOU ON PROBATION () yes () no OR PAROLE? () yes () no

IF YES, EXPLAIN IN DETAIL INCLUDING NAME AND TELEPHONE NUMBER OF YOUR PROBATION OFFICER:

¹ MCB reserves the right to perform a background check of any applicant. Any false or misleading statements on this application are grounds for immediate termination of the application process.

EDUCATIONAL INFORMATION

HIGHSCHOOL: 9 10 11 12
(please circle last grade completed)

DID YOU GRADUATE? ___YES ___NO

GED: ___YES ___NO

VOCATIONAL/TECHNICAL/BUSINESS: 1YR 2YR

COLLEGE: 1 2 3 4

NAME OF
HIGHSCHOOL _____ **CITY** _____ **STATE** _____

<u>COLLEGES/OTHER SCHOOLS ATTENDED</u>	<u>COURSE</u>	<u>DEGREE(S)</u>
_____	_____	_____
_____	_____	_____

LIST OTHER SCHOOLS TO WHICH YOU HAVE APPLIED OR INTEND TO APPLY FOR ADMISSION:

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Program you are interested in: ___Cosmetology ___Manicuring (400 hrs.)
___Nail Technology (600 hrs.) ___Advanced Esthetics ___Instructor Training

When would you like to start classes? _____ Circle Preference: Day or Evening
Classes

Do you currently have student loans? _____

If you answered yes to the previous question, what is the status of your loan (default, current, deferment, forbearance):

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in training you for the specific program for which you are applying for admission? Please initial your answer.

_____Yes _____No

If, no, please explain:

Is there any reason why you may have to drop out of school or take a leave of absence before finishing with the program? If yes, please explain:

✓ Do you have a reliable source of transportation? How do you plan to get to school each day?

_____ Do you have back-up plans? _____

If you have children, do you have reliable child-care arrangements while you're in school?

_____ Do you have back-up plans? _____

Expression of Interest: PLEASE EXPLAIN WHY YOU WOULD LIKE TO BECOME A COSMETOLOGIST, NAIL TECHNICIAN, ESTHETICIAN, or INSTRUCTOR:

YOU MAY CONTINUE WRITING ON THE REVERSE SIDE OF THIS PAGE, IF YOU NEED MORE SPACE.

HOW DID YOU FIRST LEARN ABOUT MICHIGAN COLLEGE OF BEAUTY? (please circle your choice)

____ HIGH SCHOOL COUNSELOR ____ FAMILY MEMBER ____ CAREER DAY ____ SALON
____ HIGH SCHOOL INSTRUCTOR ____ NEWSPAPER AD ____ RADIO AD ____ EMPLOYER
____ FRIEND/ACQUAINTANCE ____ WEB SITE/INTERNET ____ YELLOW PGS ____ MAILING
____ OTHER (please explain) _____

WHO INFLUENCED YOU MOST IN YOUR FINAL DECISION TO APPLY AT MCB? _____

DO YOU WISH TO BE CONSIDERED FOR FINANCIAL ASSISTANCE? () YES () NO

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PLEASE LIST ANY RELATIVES AND FRIENDS WHO MAY BE INTERESTED IN HEARING ABOUT THE PROGRAMS WE OFFER AT MCB:

NAME _____ Phone: _____
NAME _____ Phone: _____

I SUBMIT THIS APPLICATION AS A TRUE STATEMENT OF FACT FOR YOUR CONSIDERATION

APPLICANT SIGNATURE _____ **DATE** _____

PARENT'S SIGNATURE (IF UNDER LEGAL AGE) _____ **DATE** _____