

Student Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State Zip Code

Phone: _____ Email _____
 May We Text You: YES NO

Date of Birth: ____/____/____ Social Security No.: ____-____-____ Gender: _____

Desired Program (Please Circle): **Cosmetology** **Esthetics**

Desired Start Date: Year: 20____ **January** **March** **May** **July** **September** **November**

Desired Schedule: Full Time (Mon-Fri 9:00am-4:00pm) Part Time (Cosmetology ONLY) (Tues-Fri 9:00am-1:15pm)

Are you a citizen of the United States? YES NO Dominant Hand: Left Right

Are you Hispanic or Latino/a YES NO How would you describe you ethnicity? _____
Race/ethnicity information is voluntary and will be used for reporting purposes only.

Education Information *Proof of high school completion (or equivalent) required. Transcripts may also be requested.*

Highest Education Completed: High School/GED Some College Bachelor's Degree Master's Degree

Name/Location of High School: _____

Year graduated from High School or GED: _____ Are you a transfer student? YES NO
Max Hours (Cos-500, Esti-300):

Have you received financial aid before: YES NO If yes, at what school? _____

General Information *Information is voluntary and will have no bearing on acceptance into the program.*

Are you currently employed? YES NO If yes, will your work schedule conflict with the class schedule? YES NO

Do you have reliable transportation? YES NO If no, will you have alternate transportation school? YES NO

Do you have dependent children? YES NO If applicable, will you have childcare available while in school? YES NO

Are you a veteran? YES NO If yes, what were the dates you served? From (MM/YY) _____ to (MM/YY) _____

Have you been convicted of a felony or misdemeanor in the U.S., or any country or foreign jurisdiction, other than for a traffic violation with a fine of less than \$100.00? YES NO If yes, date of most recent conviction? (MM/YY) _____

Please provide a brief answer to the following questions:

1. What motivated you to enroll at DiGrigoli School: _____

2. How did you hear about us: _____

3. What would you like to accomplish during your time in our program: _____

4. What qualities do you believe make you a unique fit for our program: _____

In accordance with applicable federal and state laws, DiGrigoli School does not discriminate on the basis of race, national origin, religion, gender, disability, age, medical condition, ancestry, marital status, citizenship or sexual orientation. DiGrigoli School is an affirmative action, equal opportunity company.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.
By submitting this application, I understand that if it is found to be otherwise, it will be sufficient cause for rejection or dismissal. I also understand that I am Obligated to inform DiGrigoli School immediately if any of the information provided on this application changes in any way prior to my matriculation at DiGrigoli School.
By signing below, I agree to the provisions of the previous paragraph and understand that this application is not a contract for instruction.

Signature: _____ Date: _____

Thank you for beginning the application process with DiGrigoli School. Your application will not be reviewed until payment of the \$50 registration fee has been taken by a representative of our staff or Admissions Coordinator. Please contact the Admissions office with any questions.