



800 PARK AVENUE  
 KEENE, NH 03431  
 (603) 357-3736

## Cosmetology - Preliminary Application

The information below will allow us to learn about you and your needs. Answering each question carefully and completely helps us determine your eligibility for PELL Grants and Student Loans. Additional information and forms may be obtained through our Administrative Office.

Course Start Date \_\_\_\_\_

**Personal Information**

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Present Address \_\_\_\_\_

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

Permanent Address \_\_\_\_\_

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

Phone Number (     ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ U.S. Citizen:  yes  no

Social Security Number \_\_\_\_\_ Marital Status:  single  married

Do you have dependent children?  yes  no

If yes, will you have to pay for child care for these children in order to attend this school?  yes  no

If yes, expected cost/month: \_\_\_\_\_

**Education**

High School Diploma:  yes  no Date of Graduation \_\_\_\_\_

12th Grade GED:  yes  no Date of GED \_\_\_\_\_

College Degree:  yes  no Degree Earned \_\_\_\_\_

List all previous colleges/proprietary schools attended and total aid received.

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Aid Received \_\_\_\_\_

School Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended \_\_\_\_\_ Aid Received \_\_\_\_\_

- Do you or your parent(s) owe a repayment on a PELL, SEOG, or SSIG Grant at any institution?  yes  no If yes, please explain \_\_\_\_\_
- Do you live with your parents?  yes  no
- Do you have physical condition(s) which may interfere with your ability to practice cosmetology?  yes  no If yes, please explain \_\_\_\_\_
- Do you have acute allergies?  yes  no  
 If yes, please describe \_\_\_\_\_

■ How did you become aware of Keene Beauty Academy?

- Yellow Pages    Radio    Newspaper    Television    Internet  
 High School Recruiter    High School Guidance Counselor    Friends/Family  
 Social Agency or Adult Education Counselor    A Cosmetologist    An Enrolled Student

■ If you are under age 21:

Name of Mother \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name of Father \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

I certify that all information on this form is true and complete to the best of my knowledge.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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## Administrative Faculty

**Jeanne Chappell**, Director/Co-owner

- Clinic Director
- Cosmetology Experience, *since 1984*
- Cosmetology & Esthetics Instructor

**Kathy Hammond**, Administrator/Co-owner, CEO

- Office Experience, *since 1971*
- Office Manager
- Financial Aid Officer

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## Full Time Cosmetology Program

**Admission:**

Keene Beauty Academy will accept no more than ten students per class. A prospective student will be considered enrolled for the class upon receipt of the enrollment fee and signed contract. We reserve the right to cancel a class if less than five students are enrolled.

**Attendance:**

Students are required to maintain a 74% or higher attendance percentage, with allowance for 40-hours personal time, plus holidays. Unexcused absences will extend the training period and result in an additional charge to the student equal to the student's hourly cost of tuition.