



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

Esthetics - 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 _____

Administrative Faculty

Cara Calomb-Down, Director, Co-owner, CEO

- Cosmetology Experience, *since 1986*
- Instructor, *since 1991*
- BA, Keene State College, M.Ed., Antioch

Kathy Hammond, Administrator, Co-owner

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

Full Time Esthetics 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, completed enrollment requirements and signed contract. We reserve the right to cancel a class if less than four students are enrolled.

Attendance:

Students are required to maintain a 74% or higher attendance percentage, with allowance for 30-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.