



Application for Admissions

Name: _____ Date: _____
Address: _____
City/State _____ Zip: _____ Date of Birth: _____
Cell # _____ Home # _____ E-mail: _____
United States Citizen: __ Yes __ No SSN#: _____ Gender: ___ Male ___ Female

EDUCATION: (please check which program you have completed)
___ High School ___ GED ___ ATB ___ College (how many years) _____
High School Name _____ City/State _____
Are you currently enrolled in any other school at this time? _____
Nearest Relation: _____ Relationship: _____
Address: _____ City/State/Zip: _____
Cell # _____ Home # _____

PLEASE CHECK WHICH CAMPUS YOU ARE INTERESTED IN ATTENDING:

Basic Barbering Program

___ Day Program Classes (First 6 weeks: Mon-Fri 9am-5pm Thereafter: Tue-Sat 9am-5pm)
___ Night Program Classes (Mon-Fri 5pm-9pm)

Skin Care Therapy Program

___ Day Program Classes (First 6 weeks: Mon-Fri 9am-5pm Thereafter: Tue-Sat 9am-5pm)
___ Night Program Classes (Mon-Fri 5pm-9pm)

Which start date are you applying for? _____

___ Right-handed ___ Left-handed _____ Smock Size

Have you ever been convicted of a drug offense? ___ Yes ___ No
Have you ever been convicted of a felony? ___ Yes ___ No

TO FINALIZE YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- 1. The completed application form
2. Copy of driver's license
3. Copy of Social Security Card or Passport
4. Copy of high school diploma or G.E.D. Non-high school graduates must take and entrance exam and have an oral interview in order to demonstrate an ability to benefit from the training program offered. We can help you with all of that!

THE **FILA** ACADEMY

Hair Skin

HOW DID YOU FIND OUT ABOUT OUR SCHOOL? _____

NAME OF PERSON WHO REFERRED YOU _____

DO YOU CURRENTLY HAVE A JOB? Yes ___ No ___

IF YES, HOW WILL YOUR JOB SCHEDULE EFFECT YOUR SCHOOL SCHEDULE? _____

DO YOU HAVE RELIABLE TRANSPORTATION TO AND FROM SCHOOL? Yes ___ No ___

ARE YOU A GOOD LISTENER? Yes ___ No ___

DO YOU LIKE TO BE ON TIME? Yes ___ No ___ UNDECIDED ___

DO YOU TAKE PRIDE IN YOUR APPEARANCE? Yes ___ No ___ UNDECIDED ___

DO YOU LIKE TO INTERACT WITH PEOPLE? Yes ___ No ___

DO YOU HAVE FRIENDS OR FAMILY IN THE BEAUTY INDUSTRY? Yes ___ No ___

ARE YOU MOTIVATED TO BE SUCCESSFUL IN THE BEAUTY INDUSTRY? Yes ___ No ___

ONCE YOU OBTAIN YOUR LICENSE, WHAT ARE YOUR PLANS/ OBJECTIVES?

ARE YOU PANNING TO BEGIN YOUR CAREER IN MARYLAND? IF NO, WHERE? _____

DO YOU HAVE ANY PHYSICAL CHALLENGES? Yes ___ No ___ SPECIFY _____

DO YOU HAVE ANY EDUCATIONAL CHALLENGES (EX: DYSLEXIA)? Yes ___ No ___ SPECIFY _____

DO YOU HAVE ANY SPECIAL NEEDS THAT WE SHOULD BE AWARE OF IN ORDER TO BETTER ASSIST YOU? ___Y ___N

IF YES, SPECIFY _____

IF ACCEPTED, IS THERE ANYTHING THAT WILL INHIBIT YOU FROM COMPLETING YOUR PROGRAM AT THE FILA ACADEMY? _____

IN YOUR OWN WORDS, TELL ME WHAT YOU WOULD LIKE TO GAIN FROM YOUR EDUCATION HERE AT THE FILA ACADEMY?

IN CONNECTION WITH MY APPLICATION TO THE FILA ACADEMY, I UNDERSTAND THAT A CONSUMER REPORT THAT MAY CONTAIN PUBLIC RECORDS INFORMATION IS BEING REQUESTED.

- * Not all courses are available at all schools.
- * Financial assistance is only available to those who qualify
- * North Carolina is a non accredited campus

SIGNATURE OF APPLICANT

DATE

