



GENERAL INFORMATION

First Name	Last Name	

Date of Birth	Social Security Number	

Mailing Address	City/State	Zip Code

Phone Number	Fax	Cell

E-mail Address		

Occupation	Ethnicity	

Emergency Contact Name	Emergency Contact's Phone Number	

I authorize the above mentioned person to be contacted on my behalf

EDUCATIONAL BACKGROUND

Please note that the Catherine Hinds Institute of Esthetics requires a high school diploma or GED equivalent as a prerequisite to enrollment in any Institute courses.

What is your highest level of completed education?

- | | | | |
|---------------------------|-------|--------------------|-------|
| 1. High School Diploma | _____ | 2. GED | _____ |
| 3. Trade/Technical School | _____ | 4. Some College | _____ |
| 5. College (AS/AA) | _____ | 6. College (BS/BA) | _____ |
| 7. Post Grad (MA, PhD) | _____ | | |



Was High School education completed outside of the United States? YES or NO

Do you have any condition, physical, emotional or otherwise that we should be aware of, or that may prevent you from full participation in any area of your course of study at the Institute that require accommodations?*

If yes, please explain: _____

Have you been on Accutane in the last six months? YES or NO

If yes when did/will treatment end? _____

**Are there any obstacles that need to be resolved before committing to enrollment?
YES or NO**

Transportation Employment Schedule Child Care Proof of Education

How will you solve? _____

* Any condition that may prevent full participation must be disclosed fully prior to your enrollment in order to allow the Institute to accommodate you in your education. Students should be aware that full participation in esthetic treatments, both giving and receiving, is a requirement for satisfactory progress and course completion at the Institute. It is imperative that prospective students understand that failure to participate fully in clinical treatments and experience will adversely affect their grades and may even affect your ability to complete the course and graduate from the Institute.



ESTHETICS INTEREST

How did you decide that you wanted to become an Esthetician?

Why would you be a great candidate for admissions at Catherine Hinds Institute of Esthetics?

What area of Esthetics are you most looking forward to learning about?



PROGRAM INTEREST

I am applying for the following program (please circle one):

Basic Esthetics – 300 hours Advanced Esthetics – 600 Hours Spa Therapy – 900 Hours
Accelerated Advanced Esthetics – 900 Hours Master Esthetics – 1200 Hours

I would like to study (Please circle one): Full-time Part-time

Are you aware and secure with your Financial Aid or self payment plan? YES or NO

Have you completed a FAFSA? YES or NO

My payment method will be (Please circle one): Financial Aid
Self Pay # of payments: _____

I am applying for enrollment in the class beginning in:

This application has been completed with information that is true and correct to the best of my knowledge. I understand that supplying false information on any portion of this application may result in the rejection of this application, or in expulsion from the Institute if information is determined to be false at any time during enrollment.

Signature of Applicant

Date of Application

Full Name of Applicant (Please print)

J: /Admissions/Admission Material/General Information Form 2018.doc