

Black River Beauty Academy

445 South 2nd St.

Poplar Bluff, Missouri 63901

(573) 778-3567

blackriverbeautyacademy@gmail.com

ADMISSIONS APPLICATION

General Information:

Course of Study: ___ Cosmetology ___ Esthetics ___ Nail Tech ___ Instructor Trainee

Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone (Include Area Code): _____ Home Phone: _____

E-Mail: _____

Emergency Contact #1: _____ Phone Number: _____

Emergency Contact #2: _____ Phone Number: _____

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Education:

Please list the last high school you attended and your status when you left (i.e. graduated, GED, withdrew). List all other educational institutions you have or are attending.

Name of Institution	From (month/yr)	To (month/yr)	Diploma/GED/Degree

- Have you been suspended or dismissed from any cosmetology school for academic, attendance, or disciplinary reasons? ____Yes ____No

If yes, please

explain: _____

Employment History:

Current or Most Recent Employer: _____ Phone: _____

Position: _____ Dates Employed: _____

Previous Employer: _____ Phone: _____

Position: _____ Dates Employed: _____

Please answer the following questions to the best of your ability:

1. How did you hear about Black River Beauty Academy?

2. What most interests you about this career field?

3. What are your long-term career goals?

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I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from BRBA if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the admissions office AT THE TIME OF MY ENROLLMENT.

Applicant Signature: _____ Date: _____