

Application

NAME _____

ADDRESS _____

CITY _____

BIRTHDAY _____

TELEPHONE _____

SOCIAL SECURITY NUMBER _____

MARITAL STATUS: MARRIED SINGLE WIDOW DIVORCED

HIGH SCHOOL ATTENDED:

SCHOOL _____

CITY & STATE _____

GRADUATION DATE _____

GED DATE _____

NAME OF COURSE BEING APPLIED FOR:

____ **COSMETOLOGY** ____ **INSTRUCTOR**

HOW DID YOU HEAR ABOUT HILLSDALE BEAUTY COLLEGE?

____ **NEWSPAPER** ____ **RADIO** ____ **SALON** ____ **FRIEND/GRADUATE**

DATE YOU WISH TO BEGIN YOUR TRAINING _____

APPLICATION DATE _____

RIGHT OR LEFT

HANDED _____