

Admission Application

Please complete and submit the entire 2-page application. Incomplete applications will be returned to you and will delay the decision on your acceptance.

Name:

Last name	First name	Date of Birth	M.I.	Maiden

Mailing Address:

Number & Street	City	State	Zip code

Permanent Address (if different from mailing address):

Number & Street	City	State	Zip code

Telephone:

Cell phone:

--	--

E-mail:

IM:

--	--

Gender:  Male  Female

Nearest Relative:  Father  Mother  Guardian  Spouse/partner

Name	Address	City, State, Zip	Phone

Have you ever been convicted of a felony?  Yes  No (If yes, explain):

Which best describes your application status?  New applicant  Former ANTA student  Transfer

If transfer, from where?:

How many hours do you currently have?:

When would you like to begin classes?  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sep  Oct  Nov  Dec

Which program are you interested in?  Manicuring  Instructor Trainee *Verification of Operator req. (Manicurist License in Washington State)*

Do you plan to be a:  Full-time student (Days only)  Part-time student (Evenings only)

Which schedule are you interested in?  Days (8:30 am - 4:00 pm)  Evenings (5:00 pm - 10:00 pm)

Do you have reliable transportation?  Yes  No

Do you work?  Yes  No (If yes, where?):

If you reside outside of Washington, are you planning on getting licensed in:  Washington  My state of residence  Both

List the last high school you attended and your status when you left (i.e. Grad, GED, Withdrew). **List all other educational institutions you have or are attending. Please be sure to include the Academy of Nail Technology & Arts if you have attended the Academy of Nail Technology & Arts in the past.**

	Name of institution, City, State	From (mo./yr.)	To (mo./yr.)	Diploma/GED/Degree
High School:				
Cosmetology School:				
College:				

Have you been suspended or dismissed from any cosmetology school or college for academic, attendance or disciplinary reasons?  Yes  No (If yes, explain):

months.

Employer	Street Address	City, State, Zip	From (month & year)	To (month & year)
Employer	Street Address	City, State, Zip	From (month & year)	To (month & year)
Employer	Street Address	City, State, Zip	From (month & year)	To (month & year)

Answer the following questions in 3 or 4 sentences.

- 1.) Why will you be a great student at our school?
  
- 2.) What obstacles might prevent you from achieving excellent attendance and excellent academic performance?
  
- 3.) How did you hear about the Academy of Nail Technology & Arts?
  
- 4.) What traits do you have that will help you succeed in this industry?
  
- 5.) What are your long-term career goals?
  
- 6.) Why did you choose the Academy of Nail Technology & Arts?

Admission Policy

- All prospective students must complete an Admissions Application and return it to the school.
- All applications will be reviewed and approved by the campus School Director and/or Educational Coordinator.
- Incomplete applications will not be considered for review.
- Applications received from an applicant with a felony conviction will be further reviewed by the schools' owner, directors staff, and school Representatives and Managers.
- Submitting an application does not guarantee admission.
- Prospective students will be notified by phone of approval or denial of admission.
- In the event a prospective student cannot be reached via phone, a letter will be mailed to the address provided on the Admissions Application.
- the Academy of Nail Technology & Arts reserves the right to approve or deny admission based on information gathered from the Admissions Application, during conversations with prospective students or friends and family members of prospective students (on the phone or in person), letters written by or on the behalf of a prospective student, or any other form of communication.
- the Academy of Nail Technology & Arts teaches all courses in English and Spanish.
- State-approved exams are administered by D.L. Roope.
- Written exams are available in both English and Spanish.
- Practical exams are available in English **ONLY**

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 the Academy of Nail Technology & Arts 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, payments, etc.) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

Date application received: \_\_\_\_\_