

## **Application for Admission**

Applicant Information										
Full Name:						Date:				
	Last	First	M.I.							
Address:										
	Street Address					Apartment/Unit #				
	City				State	ZIP Code				
5.										
Phone:			Email							
Session App	olied for:									
		YES NO				YES	NO			
Are you a ci		If no, are you authorized to work in the U.S.?								
YES NO			If yes, when?							
nave you ev	ver applied to this school?		ii yes, v	wnen?_						
Have you ev	er been convicted of a felor	YES NO nv? □ □								
If yes, explain:										
		Educ	ation							
High School	l:	Address:								
From:	To:	Did you graduate?	YES	NO	Diploma					
		Dia you graduato.			5.p.o					
College:		Address:								
_	_		YES	NO	_					
From:	To:	Did you graduate?	' Ц	Ш	Degree:					
Other:		Address:								
			YES	NO						
From:	To:	Did you graduate?			Degree:					
		License Ir	nforma	tion						
Please list	orofessional licenses curre	ntly held.								
Cosmetoloa	y Operator #			Ext	oiration Date:					

Last Saved on 1/23/2017

Employment Information										
Company:				Phone:						
Address:				Supervisor:						
Job Title:										
Responsibili	ities:									
May we con	ntact your supervisor for a reference?	YES	NO							
Disclaimer and Signature										
I certify that my answers are true and complete to the best of my knowledge.										
Signature:				Date:						
Discussion described application along with C75 application for the										
Please send completed application along with \$75 application fee to:										
Brighton Barber Institute										
109 W Harwood Rd. Suite 133 Hurst, TX 76054										
	Internal Hea	Out	_							
	Internal Use									
Status:	Fee:		Ses	ssion:						
FT/PT:	Pmt Plan :									
Other :										

Last Saved on 1/23/2017 2