



ACADEMY OF COSMETOLOGY

NOVA ACADEMY OF COSMETOLOGY APPLICATION FOR ENROLLMENT

Name: _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip: _____

Local Address (if different):

Street: _____

City: _____ State: _____ Zip: _____

So. Sec. No.: _____ - _____ - _____ Home phone No.:(____) _____ - _____

Cell phone No.:(____) _____ - _____ E-mail: _____

Date of Birth: ____/____/____ Driver's License #: _____

Number of Children: _____ List ages, if applicable: _____

Marital Status: Single ___ Married ___ Divorced ___ Separated ___

If married or separated: Spouse's Name: _____

Present Employment: _____ Spouse's Employment _____

Employer's Address: _____ Employer's Phone: _____

REFERENCES

Please list three references below, preferably close family relatives other than spouse or parents.

THIS SECTION MUST BE COMPLETED IN FULL

Name: _____ Telephone No.:(____) _____ - _____

Street: _____

City: _____ State: _____ Zip: _____

Name: _____ Telephone No.:(____) _____ - _____

Street: _____

City: _____ State: _____ Zip: _____

I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected. In consideration of my enrollment, I agree to conform to the school's rules and regulations.

Signature _____ Date: _____



Application for Financial Services

Full Name: _____ SSN# _____-_____-_____ Birthdate _____-_____-_____

Address _____ City _____ State _____ Zip _____

Cell Phone:(____)____-_____ Home:(____)____-_____ Work:(____)____-_____

E-mail: _____

Please Check One:

____ I am applying for financial aid

____ I am not going to apply for financial aid

Did you graduate from high school? Yes/ No

If yes, Name of High School: _____ City: _____ State: _____

Year in which you received your diploma: _____

Address at which you resided when you received your diploma:

_____ City _____ State _____ Zip _____

If no, Did you receive your GED? Yes/ No If yes, which state: _____

Which state are you a legal resident of? _____

Please list all the states (or countries) in which you have resided, your dates of residence and your reason for residing (i.e. college, employment, military service, place of birth, etc.) in each state.

Name of State _____ Dates of Residence _____ Reason for Residing in State _____

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Please list all the names of all schools you have attended after high school and the dates of attendance for each school. Do NOT include college courses taken during high school. Please list all colleges attended, even if you do not wish to transfer credit.

Name of College _____ Dates of Enrollment _____ Enrollment Level _____ Degree Earned _____

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Please list below the individuals whom Student Administrative and Financial Services may speak to regarding your funds:

Name _____ Relationship _____ Address _____ Phone _____

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The purpose of this form is to give Student Administrative and Financial Services information to create a record in our database. This form will also be used in case we are contacted by any person listed above so we can speak to them regarding your financial aid award, handling of the credit of funds to the student's account, and as emergency contacts, etc. By Signing this form you are consenting that

NOVA

ACADEMY OF COSMETOLOGY

the information you have provided on this form is accurate for the student whose social security number appears on this form.

Signature _____ Date _____

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