

Applicant Health Status

Full participation in practical subjects is a requirement for satisfactory progress as well as course completion, unless otherwise approved. Any condition that may prevent participation must be disclosed prior to enrollment.

Health conditions administration should be aware of (if any) _____

Special needs administration should be aware of (if any) _____

Financial Responsibility

How do you plan on financing your tuition?

- Pay in Full (\$500 discount for 600 hr program/\$1000 discount for 1200 hr program)
- Mountain America Vocational Loan
- Financial Aid*
- Other/Own Financing (payment options available) _____

*Financial Aid Applicants Only

- I would like assistance in applying for Financial Aid and request that a Financial Aid Representative from Acaydia contact me.
- I have already submitted my FAFSA with Acaydia's School Code (041655). I do not need assistance. Approx. date submitted ____/____/____

Required Application Submissions/Enclosures

- ✓ Copy of Driver License or Government Issued Identification
- ✓ Two Passport Sized Photos (2x2 inches, may be taken at any passport issuing facility for a nominal charge)
- ✓ Proof of High School Graduation (Diploma, GED or Final Transcript) or Ability to Benefit Exam Score (available at Utah Valley University)
- ✓ Two Letters of Recommendation (from unrelated individuals)
- ✓ Personal Statement (No longer than a page, describing yourself and why you believe you would be a good candidate for the program)
**If you prefer, Letters of Recommendation and Personal Statement may be emailed to admissions@acaydia.com. Other application documents may also be scanned and emailed. Please include your name on the subject line and reference the enclosure (ie: 'Letter of Recommendation for Sally Jones', or 'Passport Sized Photos for Sally Jones'). Completed applications may also be mailed or hand delivered directly to the school.*

- ✓ \$50 Application Fee
 - I have included a check made payable to Acaydia School of Aesthetics
 - I will be paying cash at the front desk (please do not mail cash)
 - Please charge my credit card:

Name on Card _____ Card Number _____

Expiration Date ____/____/____ Card Verification Code (3 digit code on back) _____ Billing Zip Code _____

Signature of Consent (by cardholder only) _____

By signing below, I certify that the information provided is true and correct to the best of my knowledge. I understand that submission of an application does not guarantee acceptance to the program I am applying for.

Signature of Applicant

Date