

Program (mark one)

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|--|--|-------|-------------------------------------|-------------------------|
| | Level I Basic Aesthetics (600 hrs) | PT FT | Start Date: 1 st choice: | 2 nd choice: |
| | Level II Master-Medical Aesthetics (600 hrs) | PT FT | Start Date: 1 st choice: | 2 nd choice: |
| | Master-Medical Aesthetics (1200 hrs) | PT FT | Start Date: 1 st choice: | 2 nd choice: |

Applicant Information

| | | | | |
|-----------------|----------------|-----------|-------------------------------------|------------------------|
| First Name | Middle Initial | Last Name | Date of Birth | Social Security Number |
| Mailing Address | | City | State | Zip |
| Phone Number | | Email | Driver License Number/Issuing State | |

Education (mark all that apply)

| | | |
|-----------------------------------|----------------------------------|------------------|
| High School Diploma or GED | Name of School: | Graduation Date: |
| | Diploma? YES NO GED? YES NO | |
| College Degree | Name of College: | Graduation Date: |
| | Degree Earned: | |
| Post-Secondary Degree/Certificate | Name of Institution: | Graduation Date: |
| | Degree Earned: | |

Employment

| | | |
|-------------------------------------|--------------------------|----------------|
| Current or Most Recent Employer | Job Title | Phone |
| Employer Address | City | State Zip |
| Permission to contact? YES NO | If "NO", please explain: | |

Emergency Contact Information

In case of emergency, you are authorizing the following individuals to make emergency medical treatment decisions if you are unable to do so. If those listed below are unavailable, you authorize Acaydia Spa and School of Aesthetics to make emergency medical treatment decisions on your behalf if necessary.

| | | | |
|------------|-----------|--------------|-----------------------|
| First Name | Last Name | Phone Number | Relation to Applicant |
| First Name | Last Name | Phone Number | Relation to Applicant |

Health Considerations

Full participation is required unless approved by administration. If a current health condition exists that might inhibit your ability to fully participate, it must be disclosed prior to enrollment. Documentation may be required.

| | |
|---------------------------------|---------------------------|
| Health Conditions: YES NO | If "YES", please explain: |
| Special Needs: YES NO | If "YES", please explain: |

Alternative Schedule Request (additional fee)

A regular 'part-time' or 'full-time' schedule will be assigned unless schedule needs are disclosed prior to enrollment. If approved, a \$150 fee will be assessed at the time of enrollment. Schedule change requests after matriculation are subject to approval and a schedule change fee.

Schedule Considerations: YES NO If "YES", please explain:

Financial Responsibility (mark all that apply)

| | |
|--|---|
| Pay in Full (\$500 off for 600hr/\$1000 off for 1200hr) | Financial Aid |
| Mountain America Education Loan* (Pay in full discount applies if received prior to start date) | Other (Please include application for "in-house payment plan") |

*To apply online: visit www.macu.com/student-loans#LineofCredit-Tab, or call 1-800-748-4302. Processing may take up to 3 weeks, Please plan your start date accordingly. If processing is not complete before start date, a deposit may be required.

Financial Aid Applicants Only* (mark all that apply)

| | |
|--|-----------------|
| I have not applied for financial aid and would like assistance. Please contact me to schedule an appointment with a Financial Aid Specialist. | |
| I have submitted my FAFSA using school code 041655 | Date submitted: |

*Processing may take up to 3 weeks, Please plan your start date accordingly. If processing is not complete before start date, a deposit may be required.

Application Checklist (ALL ITEMS MUST BE SUBMITTED BEFORE YOUR APPLICATION WILL BE PROCESSED)

| | |
|--|---|
| Copy of Driver License or Government Issued ID | Personal Statement no longer than a page, describing personal qualifications and desire to enroll |
| Proof of High School Graduation (Diploma, GED Diploma, College Transcript, <u>OR</u> Ability to Benefit (ATB) test score | Two letters of recommendation from unrelated individuals (may be emailed to admissions@acaydia.com) |
| Two headshot photos, 2x2 inches (passport sized), available from Walgreens, Wal-Mart, etc. for a nominal charge | \$50 application fee, payable by cash (do not mail cash), check or credit card (for phone payments contact the financial aid office 801-377-0025) |

Acknowledgement

I understand the Information on this form may be used to provide statistical information to governing agencies. I certify that the information i have provided on this application is true and complete, and that false or misleading information is subject to criminal and civil penalties. Application submission does not guarantee qualification for enrollment.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

Please hand deliver, scan or mail your completed application.

Mailing Address:

Acaydia Spa and School of Aesthetics
 Attention: Admissions
 86 N. University Avenue Suite 130
 Provo, UT 84601

Scan to:

admissions@acaydia.com