

Program (please mark one)

Advanced Makeup Artistry (100 hrs)	Start Date: 1 st choice:	2 nd choice:
Elective Makeup Class	Class Name:	Start Date:

Applicant Information

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

Education (please mark all that apply)

High School Diploma	Name of School:	Graduation Date:
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? Y N	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 a requirement for graduation unless approved by administration. If a health condition exists, it must be disclosed prior to enrollment. Certain exceptions may be made if they do not prohibit the applicant from meeting state requirements for graduation. Documentation may be required.

Health Conditions: Y N	If "YES", please explain:
Special Needs: Y N	If "YES", please explain:

Schedule

A regular class schedule will be assigned unless schedule needs are disclosed prior to enrollment. Subject to approval. Documentation may be required.

Schedule Considerations:

Y N

If "YES", please explain:

Financial Responsibility (mark all that apply)

Pay in Full	Payments at 50 hrs and 100 hrs. \$1500 deposit + \$150 finance fee
Mountain America Education Loan*	Other (Please include application for "in-house payment plan")

*To apply online: 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.

Application Checklist*

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	\$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)

*Checklist items are not required if previously submitted within 18 months of initial enrollment for another program.

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
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Please hand deliver, scan (admissions@acaydia.com), or mail your completed application.

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

Office Use

Date Received:	Delivery Means:	Received By:
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