ACAYDIA

Please mail or deliver in person to:

ACAYDIA SCHOOL OF AESTHETICS
86 N UNIVERSITY AVENUE SUITE 130
PROVO, UT 84601

801 377 0025 (SPA) 801 377 1908 (ADMISSIONS)
801 377 0012 (FAX)
WWW.ACAYDIA.COM

Applicant Information

LAST NAME | FIRST NAME | MIDDLE INITIAL

STREET ADDRESS | CITY | STATE | ZIP

DATE OF BIRTH | SOCIAL SECURITY NUMBER | EMAIL ADDRESS

CONTACT NUMBER | ALTERNATE CONTACT NUMBER

Education

Do you have a high school diploma or equivalent ? ___Yes ___No DATE RECEIVED ____/____/____

Do you have a post secondary degrees or certifications? ___Yes ___No DATE RECEIVED ____/____/____

Have you previously attended. or are you attending any post-secondary schools? ___Yes ___No

NAME OF SCHOOL OF PROGRAM | DEGREE TYPE OR CERTIFICATION

Employment

Have you ever been terminated from employment for absenteeism or tardiness? ___Yes ___No

NAME OF CURRENT OR MOST RECENT EMPLOYER | DATES EMPLOYED

ADDRESS OF EMPLOYER | PHONE NUMBER OF EMPLOYER

Emergency Contact Information

FIRST AND LAST NAME | PHONE NUMBER | RELATIONSHIP TO APPLICANT

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Financial Responsibility

How do you plan on financing your tuition?

___ Own financing ___ Mountain America vocational loan ___ TFC financing

___ Other: _____

Applicant Health Status

Full participation in aesthetic treatments is a requirement for satisfactory progress as well as course completion. Any condition that may prevent participation must be disclosed prior to enrollment.

Do you have any health conditions administration should be aware of? _____

Please explain_____

Are there any special needs administration should be aware of? _____

Please explain_____

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

_____

SIGNATURE OF APPLICANT DATE

_____

COURSE OF INTEREST CLASS START DATE FULL TIME OR PART TIME

Application Checklist

_____ Copy of driver license/id

_____ Two passport sized photos of applicant

_____ Proof of high school graduation or ability to benefit exam (available at UVU)

_____ Two letters of recommendation from unrelated individuals

_____ Personal statement
(no longer than one page, describing yourself and why you believe you are a good candidate for the program)

_____ $50 application fee (non-refundable)

Please choose the method in which you will be paying your application fee

___ I have included a check made payable to Acaydia School of Aesthetics

___ Please charge my credit card (fill out information below)

___ I will be paying cash at the front desk (do not mail cash)

NAME ON CARD _____ CARD NUMBER _____

EXP. DATE _____/_____ CVC (3 digit code on back) _____ BILLING ZIP _____

SIGNATURE OF CONSENT TO RUN CARD (ONLY BY CARDHOLDER) _____