



**PRE-APPLICATION FOR ADMISSION**

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
LAST FIRST MIDDLE

CURRENT MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HOME ADDRESS \_\_\_\_\_  
IF DIFFERENT FROM ABOVE STREET CITY STATE ZIP

EMAIL ADDRESS \_\_\_\_\_

HOME PHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_

ARE YOU AT LEAST 16 YEARS OF AGE? YES NO

EMPLOYER \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

HAVE YOU BEEN CONVICTED OF A FELONY<sup>1</sup> YES NO OR MISDEMEANOR? YES NO

IF YES, EXPLAIN IN DETAIL:

ARE THERE ANY PENDING FELONY CHARGES AGAINST YOU? YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU ON PROBATION YES NO OR PAROLE? YES NO

IF YES, EXPLAIN IN DETAIL INCLUDING NAME AND TELEPHONE NUMBER OF YOUR PROBATION OFFICER:

**EDUCATIONAL INFORMATION** (please check highest grade completed)

HIGHSCHOOL: 9 10 11 12 DID YOU GRADUATE? YES NO GED: YES NO

VOCATIONAL/TECHNICAL/BUSINESS: 1YR 2YR COLLEGE: 1 2 3 4

NAME OF HIGHSCHOOL \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

<sup>1</sup> MCB reserves the right to perform a background check of any applicant. Any false or misleading statements on this application are grounds for immediate termination of the application process.

**COLLEGES/OTHER SCHOOLS ATTENDED**

**COURSE**

**DEGREE(S)**

_____	_____	_____
_____	_____	_____

**LIST OTHER SCHOOLS TO WHICH YOU HAVE APPLIED OR INTEND TO APPLY FOR ADMISSION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Program(s) you are interested in:

Cosmetology

Essential Nail Technology

Advanced Nail Technology

Essential Esthetics

Advanced Esthetics

Instructor Training

When would you like to start classes? \_\_\_\_\_ Preference: Day Evening

Do you currently have student loans? \_\_\_\_\_

If you answered yes to the previous question, what is the status of your loan (default, current, deferment, forbearance): \_\_\_\_\_

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in training you for the specific program for which you are applying for admission? Please initial your answer.

\_\_\_\_\_ Yes \_\_\_\_\_ No

If, no, please explain:

Is there any reason why you may have to drop out of school or take a leave of absence before finishing with the program? If yes, please explain:

Do you have a reliable source of transportation? How do you plan to get to school each day?

\_\_\_\_\_ Do you have back-up plans? \_\_\_\_\_

If you have children, do you have reliable child-care arrangements while you're in school?

\_\_\_\_\_ Do you have back-up plans? \_\_\_\_\_

**Expression of Interest: PLEASE EXPLAIN WHY YOU WOULD LIKE TO BECOME A COSMETOLOGIST, NAIL TECHNICIAN, ESTHETICIAN, or INSTRUCTOR:**

YOU MAY CONTINUE WRITING ON THE REVERSE SIDE OF THIS PAGE, IF YOU NEED MORE SPACE.

**HOW DID YOU FIRST LEARN ABOUT MICHIGAN COLLEGE OF BEAUTY? (please check your choice)**

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HIGH SCHOOL COUNSELOR	FAMILY MEMBER	CAREER DAY	SALON
HIGH SCHOOL INSTRUCTOR	NEWSPAPER AD	RADIO AD	EMPLOYER
FRIEND/ACQUAINTANCE	WEB SITE/INTERNET	YELLOW PGS	MAILING
OTHER (please explain) _____			

**WHO INFLUENCED YOU MOST IN YOUR FINAL DECISION TO APPLY AT**

**MCB?** \_\_\_\_\_

**DO YOU WISH TO BE CONSIDERED FOR FINANCIAL ASSISTANCE?**      YES      NO

**PLEASE LIST ANY RELATIVES AND FRIENDS WHO MAY BE INTERESTED IN HEARING ABOUT THE PROGRAMS WE OFFER AT MCB:**

**NAME** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**NAME** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**I SUBMIT THIS APPLICATION AS A TRUE STATEMENT OF FACT FOR YOUR CONSIDERATION (to be signed upon acceptance and BEFORE start of classes)**

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT'S SIGNATURE (IF UNDER LEGAL AGE)** \_\_\_\_\_ **DATE** \_\_\_\_\_

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