



## **THE SALON PROFESSIONAL ACADEMY ENROLLMENT APPLICATION**

5545 Vogel Rd, Evansville.IN 47715

phone: 812-437-8772

Website: [www.tspaEvansville.com](http://www.tspaEvansville.com)

email: [admissions@tspaEvansville.com](mailto:admissions@tspaEvansville.com)

**ALL COURSES ARE TAUGHT IN ENGLISH.**

### **HOW TO APPLY**

1. Complete this application and return it to The Academy Admissions office via email, mail, or in person. PLEASE ANSWER ALL QUESTIONS OR PUT NA if it doesn't apply to you.
2. Have your high school and post-high school transcripts sent to The Academy address above.
3. Contact us to schedule an admissions interview meeting. During the meeting information concerning curriculum textbooks and kit, apparel code, and available Title IV Aid / payment plans will be shared.

### **GENERAL INFORMATION** Please print.

Course of study: ☐ Cosmetology ☐ Esthetics ☐ Manicuring

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone Carrier( i.e. AT&T, Verizon) \_\_\_\_\_

Citizenship ☐ U.S. ☐ Other ☐ Veteran? ☐ Yes ☐ No

List any special health concerns or allergies \_\_\_\_\_

### **Person to Notify in Case of Emergency:**

Name \_\_\_\_\_

Relation to Student \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

**Parent Contact Information:**

Name\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Cell Phone (\_\_\_\_)\_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_\_

Work Phone (\_\_\_\_)\_\_\_\_\_

**Contact for Personal Reference:**

Name\_\_\_\_\_

Relation to Student\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Cell Phone (\_\_\_\_)\_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_\_

Email \_\_\_\_\_

**EDUCATION**

The Academy requires a high school diploma or G.E.D.

High  
School\_\_\_\_\_ City\_\_\_\_\_ State\_\_\_\_\_

Year Graduated\_\_\_\_\_ Grade Average\_\_\_\_\_

List all training/college attended since high school. Add additional pages as needed.

School\_\_\_\_\_

City\_\_\_\_\_ State\_\_\_\_\_

Major\_\_\_\_\_ Year Graduated\_\_\_\_\_ Grade Average\_\_\_\_\_

Honors\_\_\_\_\_

**EMPLOYMENT HISTORY** Add additional pages as needed.

Employer\_\_\_\_\_

Address\_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_

Position\_\_\_\_\_ Start Date\_\_\_\_\_ End Date\_\_\_\_\_

Salary/Hourly\_\_\_\_\_

Employer\_\_\_\_\_

Address\_\_\_\_\_

Phone (\_\_\_\_)\_\_\_\_\_

Position\_\_\_\_\_ Start Date\_\_\_\_\_ End Date\_\_\_\_\_

Salary/Hourly\_\_\_\_\_

### QUESTIONS

How did you hear about The Academy?

\_\_\_\_\_

When did you first become interested in this career?

\_\_\_\_\_

When would you like to start?

Cosmetology: Month\_\_\_\_\_ Year\_\_\_\_\_

Esthetics: Month\_\_\_\_\_ Year\_\_\_\_\_

Nail Technology: Month\_\_\_\_\_ Year\_\_\_\_\_

Do you wish to be employed right after graduation?

\_ Full-time \_\_\_\_ \_ Half-time \_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_ Yes \_\_\_\_ No

**May we text message you in the event of an emergency situation? \_\_\_\_ Yes \_\_\_\_ No**

**(I understand I have the ability to opt out of any text messaging by notifying the admissions office of my request.)**

**I certify that all statements made in this application are true and complete.**

Signature\_\_\_\_\_ Date\_\_\_\_\_