

Carolina College of Hair Design, Inc
(CCHD)

1302 Patton Ave. Suite 20 Asheville NC 28806

www.carolinacollege.com

Our next date for classes is: _____

All applications and fees need to be completed and submitted to our attention before:

There is a limited number of students that we can accept for this class.

If there are any questions, please feel free to contact

Kim Chisholm at: 828-253-2875.

School hours are 9:00 am - 4:30 pm Monday through Friday.

FAFSA Information:

<https://studentaid.gov>

School code: 041781

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I understand that this application will not be reviewed or processed without payment of a non-refundable \$50.00 application fee. I understand that there is also a non-refundable \$100.00 registration fee; the application will be held for a month later than the stated month of the starting date requested. Make checks payable to: Carolina College of Hair Design.

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

County you live in: _____

Phone #: _____ Cell#: _____

How long have you lived at this address? Years _____ months: _____

Previous address if less than five years: _____

Email Address: _____

Date of birth: _____

Social security #: _____

Left Handed or Right Handed? _____

How did you learn of our Cosmetology Program? _____

Has a salon owner or a former student referred you to us? _____, if so we would like to thank them. Name of referral: _____.

High school attended: _____

Last year completed: _____

Year of graduation: _____

G.E.D. (date received) _____

Do you have a criminal record? _____ if yes, please explain on the back portion of the application.

Is there any reason that you would be unable to meet the North Carolina License requirements? _____

Are you a U.S. Citizen _____?

Are you in default on any student loans? _____

List all schools that you have attended since high school:

_____ graduation date: _____

_____ graduation date: _____

_____ graduation date: _____

Cosmetology School _____Yes _____No

Name and address of a relative that you are not living with

Relationship to you: _____

Your present employer: _____

Address: _____ State: _____

City: _____ Zip code _____

Date of employment: _____

Position Held: _____

Full-time _____ Part-time _____

May we contact your previous or present employer?

Contact person: _____

Phone: _____

I _____ understand the terms and conditions of this application for the Cosmetology program at Carolina College of Hair Design. I affirm that my intent is to enroll, and to complete my training and seek licensure and employment upon my graduation from College of Hair Design. I wish to begin attending classes in the month of _____, 20____.

By signing this application form, I affirm that all the above information is true and I authorize Carolina College of Hair Design to review my submitted information.

Signature of applicant: _____

Director/Instructors signature: _____

Date of approval: _____

Date of Denial: _____

Date Student returned application to school office: _____