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FRED W. EBERLE TECHNICAL CENTER
School of Cosmetology and Design
APPLICATION FOR ADMISSION

Last Name First Middle Maiden

Street City State Zip

Home Telephone _____ Work Telephone _____ Cell Phone _____

Social Security Number _____-_____-_____ Email _____

High School Graduate: Yes ____ No ____ High School Attended _____

Date Graduated _____

If no, do you have a High School Education or Equivalent? Yes _____ No _____ Date Received _____

College Attended _____ Degree _____

Other Training or Education _____

Employment (Previous employers may be contacted)

Employer	Address	Phone	Contact Person	Dates Employed

References (Three required)

Name	Address	Phone

Do you have any other work experience directly related to cosmetology? Yes _____ No _____

If yes, explain: _____

Why do you want to become a cosmetologist? _____

_____

How did you hear about our program? _____

Have you ever applied to other Cosmetology Programs? No ____Yes ___ (If yes, please answer following questions)
Date and name of program _____

Do we have your permission to obtain those records? Yes _____ No _____
Have you ever been convicted of a crime or pled guilty or no contest to a felony or misdemeanor? Yes ____ No _____
(if yes, please attach letter of explanation)

I acknowledge the above statement and declare that to the best of my knowledge the above information and statements provided on this application are accurate and truthful. Falsification of this application is grounds for dismissal from the program.

_____ _____
Signature Date

Mail Completed form and NON-REFUNDABLE $35.00 application fee to:

Fred Eberle Technical Center
School of Cosmetology and Design
208 Morton Avenue
Buckhannon, WV 26201

Fred W. Eberle Technical Center does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities.