

ENROLLMENT APPLICATION INSTRUCTIONS

1. **INK:** PLEASE USE A BLUE OR BLACK INK PEN TO COMPLETE THIS APPLICATION. ADMISSIONS OFFICIALS WILL NOT ACCEPT AN APPLICATION COMPLETED IN A DIFFERENT COLOR INK.
2. **RESPONSES:** ALL RESPONSES MUST BE LEGIBLE AND WRITTEN CLEARLY. ADMISSIONS OFFICIALS WILL RETURN APPLICATIONS WITH ILLEGIBLE RESPONSES.
3. **APPLICATION FEE:** AN APPLICATION FEE OF \$75.00 MUST ACCOMPANY THIS APPLICATION. ADMISSIONS OFFICIALS WILL NOT ACCEPT ANY APPLICATION THAT DOES NOT INCLUDE THE REQUIRED FEE.
4. **ADMISSIONS ELIGIBILITY DOCUMENTS:** THE FOLLOWING DOCUMENTS MUST BE SUBMITTED ALONG WITH THE ENROLLMENT APPLICATION.
 - a. **Photo Identification:** Driver's License State Identification Military ID | **(Choose One)**
 - b. **Identification:** SSN Card Birth Certificate or Passport Passport Photo | **(2 Color Copies)**
 - i. **Name Changes:** Must submit copy of legal documents that authorize a change in name such as marriage licenses, divorce decrees, or other court documents.
NOTE: Permits will only be issued as reflected on legal document. (Birth certificate, marriage license, etc.)
 - c. **Education:** HS Diploma GED HS Transcript | **(Choose One)**
 - d. **Health Screening:** Tuberculosis Test Chest X-Ray | **(Choose One)**
 - e. **Transfer Students:** MUST SUBMIT NOTARIZED BARBER TRAINING AFFIDAVIT | **(Required for Prior Credit)**
 - f. **Veterans:** MUST SUBMIT LETTER OF ELIGIBILITY | **(Must Be Submitted b/4 Orientation)**
 - g. **Applicants w/ Criminal Records (Felonies):** SUBMIT A STATEWIDE CRIMINAL BACKGROUND REPORT, COURT DOCUMENTS, PAROLE/PROBATION LETTER AND A PERSONAL EXPLANATION OF THE LISTED VIOLATIONS. IF VIOLATIONS HAPPENED IN SOUTH CAROLINA, PLEASE GAIN A SLED REPORT FROM <https://catch.sled.sc.gov/>.
5. **Textbook information for Independent Purchase:** Federal law mandates that all applicants for enrollment be provided the opportunity to purchase the textbooks and other reference materials required for the program. Please refer to the ISBN numbers when purchasing books.
 - a. **Textbook: Milady Standard Barbering 6th ed - ISBN 1305100557**
 - b. **Student Workbook: Milady Standard Barbering - ISBN 1305100662**
 - c. **Exam Review Manual: Milady Standard Barbering Exam Review - ISBN 1305100670**
6. **Application Recommendation:** Pages 4 – 5 must be completed by an individual who is familiar with the applicant either personally or professionally. Page four (4) is an assessment of the applicant's character and page five (5) is a space for the individual to make a personal recommendation for the applicant. **THESE PAGES MUST BE COMPLETED BY AN INDIVIDUAL OTHER THAN THE APPLICANT!!!!**

ENROLLMENT APPLICATION

APPLICANT'S FULL NAME _____

SOCIAL SECURITY NO. _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL (OPTIONAL) _____

ARE YOU A US CITIZEN OR AUTHORIZED RESIDENT OF THE UNITED STATES? YES NO

CAN YOU PROVIDE PROOF OF RESIDENCY IF APPLICABLE? YES NO N/A

BARBERING PROGRAM INFORMATION

BARBERING PROGRAM: 1,500 CLOCK HOURS

FULL TIME COURSE: 43 WEEKS

PART TIME COURSE: 75 WEEKS

COURSE SELECTION & CLASS SCHEDULE (CHOOSE ONE)
<input type="checkbox"/> FULL TIME, MORNING: TUESDAY-SATURDAY, 9:00AM-4:30PM
<input type="checkbox"/> PART TIME, MORNING: TUESDAY-SATURDAY, 9:00AM-1:00PM
<input type="checkbox"/> PART TIME, EVENING & WEEKEND TUESDAY/THURSDAY/FRIDAY: 5:00PM - 9:00PM SATURDAY: 9:00AM - 4:30PM

TRANSFER STUDENTS: PLEASE PROVIDE THE NAME OF THE BARBER SCHOOL OR OJT INSTRUCTOR WHERE YOU RECEIVED YOUR PREVIOUS TRAINING.

SCHOOL/OJT BARBERSHOP _____

INSTRUCTOR NAME _____

CITY _____ STATE _____ ZIP _____ PHONE _____

TRAINING DATES _____

WHY DID YOU LEAVE THIS SCHOOL/PROGRAM?

APPLICANT PROFILE

PERSONAL INFORMATION

MARITAL STATUS: SINGLE MARRIED DIVORCED/SEPARATED WIDOWED

NUMBER OF CHILDREN/DEPENDENTS: _____

SPOUSE (IF APPLICABLE) _____ PHONE _____

PARENT/GUARDIAN (APPLICANTS UNDER THE AGE OF 18) _____

PARENT/GUARDIAN PHONE _____ ALTERNATE PHONE _____

EDUCATION (CHECK HIGHEST LEVEL COMPLETED)		
<input type="checkbox"/> HS DIPLOMA/GED	<input type="checkbox"/> COLLEGE (NO DEGREE)	<input type="checkbox"/> PROFESSIONAL CERTIFICATE
<input type="checkbox"/> ASSOCIATE'S DEGREE	<input type="checkbox"/> BACHELOR'S DEGREE	<input type="checkbox"/> MASTER'S DEGREE OR HIGHER

PLEASE NAME THE LAST EDUCATIONAL INSTITUTION YOU ATTENDED. _____

DID YOU GRADUATE FROM THIS INSTITUTION? YES (GRADUATION DATE _____) NO

DO YOU HAVE A COPY OF YOUR HIGH SCHOOL DIPLOMA/GED, A COLLEGE DEGREE, OR A SCHOOL TRANSCRIPT TO SUBMIT AS PROOF THAT YOU HAVE AT LEAST COMPLETED THE 9TH GRADE? YES NO

DO YOU HAVE A DIAGNOSED LEARNING DISABILITY OR OTHER MEDICAL CONDITION THAT REQUIRE SPECIAL ACCOMMODATIONS TO COMPLETE THIS PROGRAM? YES NO

IF YES, PLEASE LIST THE DISABILITY OR MEDICAL CONDITION AND THE ACCOMMODATIONS REQUIRED: _____

EMPLOYMENT STATUS: UNEMPLOYED EMPLOYED

EMPLOYER (IF APPLICABLE) _____

CITY _____ STATE _____ ZIP _____ PHONE _____

EMPLOYMENT SCHEDULE _____

CERTIFICATION: MY SIGNATURE BELOW DENOTES THAT I DO HEREBY CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

APPLICANT SIGNATURE DATE

PARENT/GUARDIAN (IF APPLICANT IS UNDER 18 YEARS OF AGE)

LETTER OF RECOMMENDATION: THIS LETTER OF RECOMMENDATION MUST BE COMPLETED BY SOMEONE WHO IS FAMILIAR WITH YOU ON A PERSONAL AND/OR PROFESSIONAL LEVEL. THIS LETTER OF RECOMMENDATION MUST BE SUBMITTED ALONG WITH THE APPLICATION PACKET.

IDENTIFICATION

NAME, TITLE: _____

APPLICANT NAME: _____ REFERENCE TYPE: PROFESSIONAL PERSONAL

INSTRUCTIONS

PLEASE GIVE YOUR HONEST OPINION OF THE APPLICANT'S SKILLS IN THE AREAS LISTED BELOW:

0 = NOT APPLICABLE (N/A)

1 = POOR

2 = AVERAGE

3 = GOOD

4 = GREAT

COMMUNICATION	(4) = GREAT	(3) = GOOD	(2) = AVG.	(1) = POOR	(0) = N/A
LISTENING SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMPREHENSION (UNDERSTANDS INFORMATION)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>COMMUNICATION SKILLS</u>					
<i>VERBAL COMMUNICATIONS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>WRITTEN COMMUNICATIONS SUCH AS REPORTS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>TELEPHONE ETIQUETTE</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ABILITIES	(4) = GREAT	(3) = GOOD	(2) = AVG.	(1) = POOR	(0) = N/A
PROFESSIONALISM (ETHICS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>PROBLEM SOLVING SKILLS</u>					
<i>ACTS DECISIVELY, MEETS PROBLEMS HEAD-ON</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>RESPONDS QUICKLY AND WELL TO PROBLEMS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>PRIORITIZES/ORGANIZES TASKS</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>USES LOGIC AND RATIONAL JUDGMENT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>EFFECTIVE TIME MANAGEMENT</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>EFFICIENT USE OF RESOURCES</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL DEVELOPMENT	(4) = GREAT	(3) = GOOD	(2) = AVG.	(1) = POOR	(0) = N/A
PERSONAL APPEARANCE (HYGIENE; GROOMING)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEMPERAMENT (ATTITUDE; PERSONAL CHARACTER)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

