

Dependent Student
ENTRANCE INTERVIEW

For Enrollment at

MR. BELA'S SCHOOL OF COSMETOLOGY

5580 East 12 Mile Road • Warren, Michigan 48092

Date: _____

Name: _____

Address: _____ City: _____ State: MI Zip: _____

Soc. Sec. #: _____ - _____ - _____ Date of Birth: ____/____/____ Age: _____ Male Female

Phone Numbers: Home: (____) _____ Cell: (____) _____ Work: (____) _____

Emergency Contact Number: (____) _____ Relationship: _____

E-Mail Address ***REQUIRED***: _____

COURSE INTERESTED IN

- Cosmetology** = Full Time 9:00 a.m. to 4:00 p.m. Monday thru Friday
 Three Quarter Time 9:00 a.m. to 2:00 p.m. Monday thru Saturday
 Part Time 5:00 p.m. to 9:00 p.m. Monday thru Thursday Mandatory 9:00 a.m. to 4:00 p.m. Sat.
- Esthetician** = Full Time 9:00 a.m. to 4:00 p.m. Monday thru Friday
 Three Quarter Time 9:00 a.m. to 2:00 p.m. Monday thru Saturday
 Part Time 5:00 p.m. to 9:00 p.m. Monday thru Thursday Mandatory 9:00 a.m. to 4:00 p.m. Sat.
- Instructor Training** = Full Time 9:00 a.m. to 4:00 p.m. Monday thru Friday

Transfer: Number of Transfer Hours _____

When are you interested in starting class? _____

- Are you interested in Applying for Federal Financial Aid? No Yes
- Did you Received a 14/15 Pell Grant at another school? No Yes Amount? _____
- Do you have any Outstanding Student Loans? No Yes Amount? _____
- Do you have any felonies that would affect financial aid? No Yes
- Are you a United States citizen? Yes No Alien Registration Number: A _____

- Education Level Completed: Primary No Diploma or GED
 High School Associates
 GED Bachelors

Post Secondary Education: Name: _____ Location: _____ Month / Year Thru Month / Year

- Race: Asian African American Caucasian Hispanic Native American Other
- Miles from School: Less then 10 miles 10-20 Miles 20-30 Miles 30-40 Miles 50 or More

- Marital Status: Single Separated/Divorced Married / Spouses Name _____
- Student Status: Independent/Head of Household Independent/Other Dependent Number of Children / Dependents: _____ Live With Parents? Yes No

- Income Level: Less Than \$10,000 \$10,000-\$19,000 \$20,000-\$30,000 Over \$30,000
- Parent Information: (For Financial Aid Purpose Only)
- Fathers Name: _____ DOB ____/____/____
Mothers Name: _____ DOB ____/____/____
Wedding Date: ____/____/____ SSN: _____-_____-_____

Right Handed Left Handed

- Uniform Size: **SHIRT** = 4-6 / X Small 8-10 / Small 12-14 / Medium 16-18 / large 20-22 / X Large 24-26 / XX Large 28-30 / XXX Large
- PANTS** = 4-6 / X Small 8-10 / Small 12-14 / Medium 16-18 / large 20-22 / X Large 24-26 / XX Large 28-30 / XXX Large

How did you hear about the school? _____

I have completed all requested items truthfully and accurately. Applicant Signature: _____