

BELLUS ACADEMY APPLICATION

PAGE 1 OF 2

POWAY

13266 POWAY ROAD
POWAY, CA 92064

EL CAJON

1073 E MAIN STREET
EL CAJON, CA 92021

NATIONAL CITY

1520 E PLAZA BLVD
NATIONAL CITY, CA 91950

MANHATTAN

1130 WESTLOOP PLACE
MANHATTAN, KS 66502

PLEASE CHECK YOUR CAMPUS OF INTEREST:

- PowayCampus ManhattanCampus El Cajon Campus National City Campus

PLEASE CHECK WHICH PROGRAM(S) YOU ARE INTERESTED IN:

- Cosmetology Barbering Make-up Artistry Nail Technology Esthetics Massage Therapy

GENERAL INFORMATION

Full Name _____ Home Phone _____ Cellular _____
E-mail Address _____ Emergency Name/Number _____
Address _____ City _____ Zip _____
Social Security # _____ Drivers Lic # _____
Birthday _____ Age _____ Sex _____ Number Of Children _____

MARITAL INFORMATION

Marital Status (check one):

- Married If so, what is your maiden name? _____ Widowed Single Sep/Div

Employer _____

	Name	Address	Phone #
--	------	---------	---------

Spouse _____

	Name	Address	Phone #
--	------	---------	---------

Spouse Employer _____

	Name	Address	Phone #
--	------	---------	---------

REFERENCES

Parents _____

	Name	Address	Phone #
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Other _____

	Name	Address	Phone #
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EDUCATION

High School _____

Grade Completed _____ Year _____

College _____

Years Completed _____ Degree _____

Vocational _____

Years Completed _____ Degree _____

FINANCIAL AID

Financial Aid Needed? Yes _____ No _____

Previous Financial Aid: Yes _____ No _____ Year _____ Type Of Aid _____

DEMOGRAPHICS

Various governmental agencies require private post-secondary educational institutions to compile statistics on the institution's student population. Information requested on this questionnaire will be kept confidential and will be used only to compile information for the purposes described above. Completion of this section is voluntary and in no way affects any decision regarding admission to any of the academies' programs.

PLEASE CHECK ONE:

- | | | |
|---|--|---|
| <input type="checkbox"/> Non-Resident Alien | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> American Indian/Alaska Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian/Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or More Races | <input type="checkbox"/> Race & Ethnicity Unknown |

STUDENTS WITH DISABILITIES:

Bellus Academy does not discriminate on the basis of disability in admission or access to its programs, services, or activities of individuals who meet essential eligibility requirements. If you are admitted to Bellus Academy, and you require reasonable accommodations for a documented disability, please contact the Academy Director of the campus you want to attend in order to create an academic plan to meet your needs.

Do you have, or have you ever been licensed in the beauty and wellness field? Yes _____ No _____

If yes, circle licenses: Cosmetology, Manicuring, Esthetician, Massage

The information on this application is correct to the best of my knowledge. I understand that my enrollment is dependent upon its accuracy and verification.

Print Name: _____ Signature: _____ Date: _____

The information on this form is confidential and is only shared with school officials for the purposes of determining enrollment eligibility.