**BARBER & HAIRSTYLING**

**APPLICATION FOR ADMISSION**

|  |  |
| --- | --- |
| How did you hear about SamVerly College? |  |
|  |
| First Name: |  | Middle Initial: |  | Last Name: |  |
|  |
| Address: |  | City: |  | State: |  | Zip: |  |
|  |
| Phone: |  | Age: |  | Date of Birth: |  | Sex: |  |
|  |
| SSN: |  | - |  | - |  |  | Married or Single : |  |  | Number of Children: |  |
|  |
| Alternate Phone: |  | Emergency Phone : |  |
|  |
| Email Address : |  | @ |  | . |  |
|  |  |  |  |  |  |
| What is the highest grade you have completed in school? |  | State(s): |  |
|  |
| Have you previously attended Barber or Cosmetology School? |  | Month/Year: |  |
|  |
| Name of school(s): |  |
|  |
| Previous school located in what city and state? |  |
|  |
| If licensed, indicate type, state & year: |  |
|  |
| List all hair industry work experience and number of years, name of barber shop, salon, or other: |
|  |
|  |
| I wish to enroll in the: (check one) |
|  |
| Barber/Hairstyling Course |  | Instructor’s Course |  | Crossover Course |  | Continuing Ed. |  |
|  |
| I would like to begin training: | Month |  | Day |  | Year |  | and I would like to attend: |
|  |
| Check one: | Full Time  |  | Part Time |  | Hours of attendance: |  | - |  | LDL |  |
|  |
| Class Days *Please Check*  | (Tues) |  | (Wed) |  | (Thurs) |  | (Fri) |  | (Sat) |  |  |
|  |
| Person responsible for payment:  |  | Relationship : |  |
|  |
| Address: |  | City: |  | State: |  | Zip: |  |
|  |
| Home Phone  |  | Mobile Phone  |  | Work  |  |
|  |
| Do you plan to use educational benefits? |  | If so, what is the source? |  |
|  |
| I, (applicant’s signature) |  | , certify to the best of my knowledge that I  |
|  |
| am free from contagious disease, am mentally competent and have provided truthful information. |
|  |
| I have enclosed or provided a state issued photo I.D. and proof of completion of 7th grade, | (G.E.D.) |  | Diploma |  | Transcript |  |
|  |
| **MAIL ALL APPLICATIONS TO SAMVERLY COLLEGE: P.O. BOX 5087, ATLANTA, GEORGIA 30302** |
|  |
| School Official: | Date Received |  | Fee Enclosed | $ |  | Payment Method |  |
|  |
| Received By (Mark with X)  | Mail |  | Hand Delivery |  | Approved By |  |