**BARBER & HAIRSTYLING**

**APPLICATION FOR ADMISSION**

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