

# APPLICATION FOR ADMISSION



INSTITUTE OF COSMETOLOGY

2460 CHICAGO DRIVE  
HUDSONVILLE, MI  
(616) 662-0220

170 VETERANS DRIVE  
HOLLAND, MI  
(616) 396-5343

1989 LAKESHORE DRIVE  
MUSKEGON, MI  
(231) 759-9800

**APPLICATION FEE:**

Please enclose a check for \$35.00 with this application.  
Refund policy: Application fee may be refunded with (3) business days from the date of payment.

(Please Print or Type)

Date \_\_\_\_\_ 20 \_\_\_\_\_

**STUDENT INFORMATION:**

Name: \_\_\_\_\_  
Last First M.I. Maiden

Home Address: \_\_\_\_\_  
Number Street City State Zip

Home Telephone #: ( ) \_\_\_\_\_ County of Residence: \_\_\_\_\_  
Area Code

Work Telephone #: ( ) \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Area Code

Drivers License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\*Male  \*Female  \*Single  \*Married \*Number of Dependents, if any: \_\_\_\_\_ Ages: \_\_\_\_\_

Name and Permanent Address of (Circle One) Parent Legal Guardian Spouse

Mr. / Mrs. / Ms. (Circle One)

\_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
Last First M.I. Area Code Number

Address: \_\_\_\_\_  
Number Street City State Zip

In case of an emergency, list a person you may wish to be contacted and where they can be reached during the day

Name: \_\_\_\_\_ Telephone #: ( ) \_\_\_\_\_  
Last First Area Code Number

How did you hear about Booker Institute of Cosmetology? (Circle all that apply)

High School Counselor Yellow Pages Institute Student Cosmetologist Newspaper / Radio

Institute Graduate Friend or Relative Other \_\_\_\_\_

**EDUCATION INFORMATION:**

I plan to enroll in:

\_\_\_\_\_ F/T Cosmetology      \_\_\_\_\_ P/T Cosmetology Day      \_\_\_\_\_ P/T Cosmetology Night  
\_\_\_\_\_ Nail Technician      \_\_\_\_\_ Esthetician      \_\_\_\_\_ Instructor

Class Start Date: \_\_\_\_\_ Hudsonville Location \_\_\_\_\_ Muskegon Location \_\_\_\_\_ Holland Location \_\_\_\_\_

Last High School Attended: \_\_\_\_\_  
Name of School City State

High School Graduation Date: \_\_\_\_\_  
Month/Year

If not a graduate, list last year of school completed: \_\_\_\_\_

If not a graduate, have you received a G.E.D.? \_\_\_\_\_ Year Received \_\_\_\_\_

School and City where G.E.D was awarded \_\_\_\_\_

**PLEASE HAVE YOUR HIGH SCHOOL FORWARD A TRANSCRIPT OF YOUR HIGH SCHOOL RECORDS TO BOOKER INSTITUTE. IF YOU HAVE A GERNAL EDUCATION DEVELOPMENT CERTIFICATE, WE WILL NEED A COPY FOR YOUR FILE.**

Schools Attended After High School:

\_\_\_\_\_  
Name of School Mailing Address City State Date Attended

\_\_\_\_\_  
Name of School Mailing Address City State Date Attended

**COSMETOLOGY TRANSFER APPLICANT ONLY:**

Please give us the name and the address of the cosmetology school you are transferring from:

\_\_\_\_\_  
Please contact present school for State Transfer Papers in order to begin transfer proceedings.

Please discuss your reasons for considering cosmetology school in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For All Applicants:

We at Booker Institute of Cometology regard the beauty industry to require a particular level of physical ability and stamina for thorough participation in this trade. This needs to be considered at the outset of the application process.

I understand that this application does not guarantee enrollment.

\_\_\_\_\_  
Signature Date

**\*YOU ARE NOT REQUIRED TO GIVE US THIS INFORMATION, IT IS NOT A FACTOR IN ADMISSION DECISIONS.**