



O'BRIENS  
AVEDA INSTITUTE

## Institute Application

**We do not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. The school is required to report some of the information requested below. Your contribution is voluntary. It will be held confidential.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Program you are interested in-

Cosmetology (1500 hours): January March May August September November

Spa Therapy (1200 hours): June October

Barbering (1000 hours): June October

Massage Therapy (650 hours): Not currently being offered

Nail Technology (400 hours): Not currently being offered

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Phone Carrier: \_\_\_\_\_

Valid Email Address: \_\_\_\_\_

Gender: Female Male

Date of Birth: \_\_\_\_\_ Are you at least 18 years of age? Y N

Social Security Number: \_\_\_\_\_

Are you a citizen of the United States of America? Y N

If no, Country of birth: \_\_\_\_\_

Are you a resident of Vermont? Y N



If yes, how long? \_\_\_\_\_

Race: White/Caucasian Black/Non Hispanic Asian/Pacific Islander American Indian Hispanic

Are you: Married Divorced Separated Single

Do you have any children? Y N

If yes, how many? \_\_\_\_\_

If yes, what arrangements have you made for daycare? \_\_\_\_\_

Do you live with your parents? Y N

If yes, have they claimed you as a tax deduction in the last 2 years? Y N

Did you receive a: High School Diploma or GED

Where did you attend high school? \_\_\_\_\_

City/State of High School: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Do you have an IEP that you wish to submit to us for your file? Y N

Have you attended any other college? Y N

Did you receive a Bachelor's Degree? Y N

Have you ever attended Cosmetology School? Y N

If yes, name and location of school: \_\_\_\_\_

Number of clock hours acquired: \_\_\_\_\_

First name as you would like it to appear on your name tag: \_\_\_\_\_

(Cosmos and Barbers) Are you RIGHT HANDED or LEFT HANDED?

Smock/Shirt Size: XS S M L XL 2XL 3XL 4XL

Do you have a driver's license: Y N

If yes, License number: \_\_\_\_\_

Will you be driving to school? Y N

If yes, vehicle information: Color: \_\_\_\_\_ Make: \_\_\_\_\_



Model: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

**If you drive any other vehicles, please let us know the info on those vehicles.**

Do you have any health problems that we should be aware of? Y N

If yes, please explain:

\_\_\_\_\_

Please list any  
allergies: \_\_\_\_\_

Please list any medications you take: \_\_\_\_\_

Will you be taking these medications at school? Y N

Are there any restrictions to your activity? Y N

If yes, please  
explain: \_\_\_\_\_

Have you ever been convicted of a felony? Y N

If yes, what was the  
charge? \_\_\_\_\_

Date: \_\_\_\_\_ City/State: \_\_\_\_\_

\*If you have been convicted of a felony you must contact the State of Vermont Office of Professional Regulation to confirm that you will be eligible for licensing\*

Will you be applying for financial aid: Y N

Have you begun the process yet? Y N

Have you been in contact with our financial aid department yet? Y N

Do you have defaulted loans? Y N

What types of jobs have you held? \_\_\_\_\_

\_\_\_\_\_

What did you like about your previous job? \_\_\_\_\_

\_\_\_\_\_

What did you dislike about your previous job? \_\_\_\_\_

\_\_\_\_\_

How long have you wanted to be in this field? \_\_\_\_\_



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If accepted, how will you contribute in a positive way to our school? \_\_\_\_\_

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Community involvement is important to us. Give an example of how you've been involved in a positive way in your community: \_\_\_\_\_

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Where do you see yourself in 5 years? \_\_\_\_\_

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How will successfully completing this program help you achieve your goal? \_\_\_\_\_

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In the event of an emergency, who is your primary contact?

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

What made you choose our Institute? \_\_\_\_\_

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How did you hear about us? (Circle one)

Radio                  Television                  Newspaper                  Google Search                  Career Day at School  
Personal Referral                  Facebook                  Aveda.edu                  Instagram                  Event

Other: \_\_\_\_\_

If referred by a person or salon, who was it? \_\_\_\_\_

The following documents are also required to complete your enrollment application:

- 1) This completed application
- 2) Non-refundable application fee of \$50
- 3) MMR Immunization Record (Measles, Mumps, Rubella)
- 4) Copy of High School Diploma or GED (If using transcripts must submit 2 SEALED copies)
- 5) Copy of valid photo ID
- 6) Copy of Birth Certificate, Social Security Card, OR Passport

If you are applying for financial aid please do so at [www.fafsa.ed.gov](http://www.fafsa.ed.gov) For Vermont Residents, please also complete the VSAC Incentive Grant at [www.vsac.org](http://www.vsac.org) It is encouraged that you schedule an appointment with our Financial Aid department to discuss your application and needs.

*I certify that the information I have provided for admissions to Aveda Institute Williston is complete and accurate to the best of my knowledge. I understand that misrepresentation of information is sufficient grounds for canceling my admission to Aveda Institute Williston. I also understand that this application does not guarantee my admission to the Institute. I am not considered enrolled until I have completed all admission requirements and received an acceptance letter.*

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent or guardian signature if under 18: \_\_\_\_\_