



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

Barbering (1000 hours): February October

Esthetics (600 hours): February July

Spa Therapy (1200 hours): Not currently being offered

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? _____



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

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

Where do you see yourself in 5 years? _____

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

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

Name: _____

Phone number: _____

Relationship to you: _____

What made you choose our Institute? _____

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 For Vermont Residents, please also complete the VSAC Incentive Grant at 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: _____