

PRO CUTZ SCHOOL OF BARBERING

Please fill out this entire application, once received and reviewed you will be scheduled for a pre-enrollment interview with our admissions office.

Personal Information:

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Gender: _____ Marital Status: _____ U.S. Citizen? Yes No

Are you a Veteran: _____ If yes, what branch? _____

Please list any physical disabilities Pro Cutz School should be aware of:

Please list any learning disabilities Pro Cutz School should be aware of:

List any accommodations you would need, if any:

General Information

Name of Spouse: Spouse _____ Phone: _____

Spouse Email: _____

Spouse Address (write N/A if same as listed above):

Name of Parent (If under 18): _____ Parent Phone: _____

Parent Email: _____

Parent Address (write N/A if same as listed above): _____

Admissions Information

Please check all of the following that apply:

Master Barber Program Barber Program Instructor Program

Full Time Part Time

Transfer Student Hours Needed: _____

If you are a transfer student, where did you obtain your hours? _____

Do you have any prior experience? Explain. _____

Have you ever been convicted of any crime, felony, or drug related offenses? Yes No

If yes, please explain: _____

Will you need financial assistance? Yes No

How did you find out about Pro Cutz School of Barbering? Please explain.

Education Information

In order to be eligible for enrollment at Pro Cutz School of Barbering, you must have a High School diploma, GED, or documentation proving you have at least completed the 10th grade; please select what applies to you:

High School Diploma GED Other (please explain)

Where did you receive your diploma, GED, or its equivalent?

When did you receive your diploma, GED, or its equivalent? _____

If you continued your education beyond high school, continue below.

College/Trade School: Date Attended: _____

Degree: Certificate: _____

Military Service: Dates Entered/Discharged: _____

Employment History

Current Employer: _____

Address: _____ Position: Date Started: _____

_____ Supervisor: Phone Number: _____

Approximate hours worked weekly: _____

Previous Employer:

Address: _____ Position: Dates of Employment: _____

_____ Supervisor: Phone Number: _____

Supervisor: Phone Number: _____ Reason for Leaving: _____

References

Name: _____ Relation: _____

Years Known: _____ Email: Phone Number: _____

2.) Name: _____ Relation: _____

Years Known: _____ Email: Phone Number: _____

3.) Name: _____ Relation: _____

Years Known: _____ Email: Phone Number: _____

Please explain why you would like to attend Pro Cutz School of Barbering and how you feel you can benefit from the program.

I, _____, certify the information that I have given is true and correct. I am aware that submitting an application to Pro Cutz School of Barbering does not guarantee admissions into a program.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian (If applicant is under 18) _____ Date: _____

When submitting your application, please also submit the following:

v Copy of your Social Security card.

v Copy of your state or government issued photo ID

v Official high school transcript or diploma or GED transcript.

Once we have received all of your documents, our admissions office will call to schedule your pre-enrollment interview.