



# Admission Application

**Please complete and submit the entire 2-page application. Incomplete applications will be returned to you and will delay the decision on your acceptance.**

Last Name:  First Name:  MI:  Maiden Name:

Mailing Address:  City:  State:  Zip Code:

Permanent Address:  City:  State:  Zip Code:   
(If different)

Cell Phone:  Home Phone:  Email:

Gender:  Male  Female

Nearest Relative:  Father  Mother  Grandparent  Guardian  Spouse/partner

Name:  Address:

City, State Zip Code:  Phone:

Have you ever been convicted of a felony?  Yes  No If yes, explain:

Which best describes your application status?  New applicant  Former Raphael's student  Transfer

If transfer, from where?  How many hours do you currently have?

When would you like to begin classes?  Jan  Feb  Mar  Apr  May  Jun  
 Jul  Aug  Sep  Oct  Nov  Dec

Which program are you interested in?  Cosmetology  Esthetics  Manicuring  Barber (Niles only)  
 Esthetics/Manicuring Combo  Massage Therapy (Boardman only)

Which campus location would you like to attend?  Niles  Boardman  Alliance  Brunswick  North Olmsted

Do you plan to be a:  full-time student  part-time student

Which schedule are you interested in?  Days  Evenings (Niles and Massage Therapy only)

Do you have reliable transportation?  Yes  No Do you work?  Yes  No

If yes, where?  What shift?

If you reside outside of Ohio, are you planning on getting licensed in:  Ohio  My state of residence  Both

List the last high school you attended and your status when you left (i.e. Grad, GED, Withdrew). **List all other educational institutions you have or are attending. Be sure to include Raphael's if you have attended Raphael's in the past.**

Name of Institution, City, State From (mo./yr.) To (mo./yr.) Diploma/GED/Degree

High School:

Cosmetology School:

College:

To provide you the best education, please let us know if you have an IEP or Special Education Plan so we can make reasonable accommodations for your State Board Exam.

Yes  No

## Employment and Military History

List your employment experience (including military service) for the last 12 months.

Employer	Street Address	City, State, Zip	From (month/year)	To (month/year)
Employer	Street Address	City, State, Zip	From (month/year)	To (month/year)

Answer the following questions in 3 or 4 sentences.

1.) Why will you be a great student at our school?

2.) What obstacles might prevent you from achieving excellent attendance and excellent academic performance?

3.) How did you hear about Raphael's School of Beauty?

4.) What traits do you have that will help you succeed in this industry?

5.) Do you have any special needs that we need to be aware of (for example, diabetes)?

6.) Why did you choose Raphael's?

## Admission Policy

- All prospective students must complete an Admissions Application and return it to the campus location of their choice.
- All applications will be reviewed and approved by the campus Admissions Representative and campus Manager.
- Incomplete applications will not be considered for review.
- Applications received from an applicant with a felony conviction will be further reviewed by the schools' owner, directors staff, and campus Admissions Representative and Manager.
- Submitting an application does not guarantee admission.
- Prospective students will be notified by phone of approval or denial of admission.
- In the event a prospective student cannot be reached via phone, a letter will be mailed to the address provided on the Admissions Application.
- Raphael's School of Beauty Culture, Inc. reserves the right to approve or deny admission based on information gathered from the Admissions Application, during conversations with prospective students or friends and family members of prospective students (on the phone or in person), letters written by or on the behalf of a prospective student, or any other form of communication.
- Raphael's School of Beauty Culture, Inc. teaches all courses in English only. The Ohio State Board of Cosmetology administers the licensing examination in English only. If English is not the primary language of a prospective student, they will be required to take Admissions Exam and must pass the exam with a minimum of 75%.

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of fact will be cause for refusal of admission, cancellation of application, or dismissal from Raphael's if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT.

Applicant Signature:

Date:

*For Office Use Only:*

Date application received: