

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.

Name: Last name		First name	Preferred first name		aiden		
Mailing address:							
	Number & street		City	State	e Zip code		
Permanent addre	Number & stree	t	City	State	e Zip code		
Telephone: ()		Cell phone: ()			
-	-		IM:	-			
Gender: □Male	□Female						
Nearest Relative	: 🔲 Father	☐ Mother	☐ Guardian ☐	Spouse/partner			
Name	Address		City, State, Zip		none		
Have you ever h	een convicted of a	n felony? □Yes	□No If yes, expla	in·			
Trave you ever b	cen convicted or c	- Telony: Telo	— 110 11 yes, expla				
			applicant □For	· ·			
If transfer, from	where?		How man	y hours do you c	urrently have?		
When would you	like to begin clas	ses? □Jan □Feb □M	1ar □Apr □May □Ju	n □Jul □Aug □Se	ep □Oct □Nov □Dec		
Which program a	are you interested	in? □Cosmetology □Esthetics/Ma	y Esthetics anicuring Combo	□Manicuring □Massage	☐Teacher Training Therapy (Boardman)		
Which campus lo	cation would you	like to attend? □Nil	les □Boardman □	Alliance □Bruns	swick N. Olmsted		
Do you plan to b	e a: □full-time st	udent □part-time	e student				
Which schedule a	are you interested	in? □Days □Ever	nings (Niles only)				
Do you have reliable transportation? □Yes □No Do you work? □Yes □No If yes, where?							
If you reside out	side of Ohio, are	ou planning on get	ting licensed in: 🔲	Ohio □My state	of residence □Both		
					all other educational ded Raphael's in the		
High School:	Name of institution	n, City, State	From (mo./yr.)	To (mo./yr.)	Diploma/GED/Degree		
Cosmetology School:							
College:							
Have you been s disciplinary reaso If yes, explain:_	ons? □Yes □I		metology school or c	ollege for acaden	nic, attendance or		

To provide you the best education, please let us know if you have an IEP or Special Education plan so we can

Employment a	nd Military History List you	r employment experience (inclu	uding military service) fo	or 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)			
Employer	Street Address	City, State, Zip	From (month & year)	To (month & year)			
Answer the following que	estions in 3 or 4 sentences.						
1.) Why will you be	a great student at our school?						
	might prevent you from achieving		nd excellent acade	mic			
3.) How did you he	ar about Raphael's School of Beau	uty Culture?					
4.) What traits do y	ou have that will help you succee	ed in this industry?					
5.) What are your I	ong-term career goals?						
6.) Why did you ch	oose Raphael's?						
 All applications will be refundations of the incomplete applications of the incomplete applications of the incomplete applications of the incomplete application of the incomplete applications of the incomplet	must complete an Admissions Application and reviewed and approved by the campus Admission will not be considered for review. In an applicant with a felony conviction will be flanager. In does not guarantee admission. In be notified by phone of approval or denial of a se student cannot be reached via phone, a letter ty Culture, Inc. reserves the right to approve or with prospective students or friends and family prospective student, or any other form of committy Culture, Inc. teaches all courses in English or his not the primary language of a prospective students.	ns Representative and campus Ma further reviewed by the schools' of dmission. It will be mailed to the address programment admission based on information and prospective student munication.	nager. owner, directors staff, and vided on the Admissions A ation gathered from the A s (on the phone or in pers etology administers the li	Application. dmissions Application, on), letters written by censing examination in			
any omission or mis dismissal from Rapl program, it is MY R	best of my knowledge, the inforn srepresentation of facts will be ca hael's if later discovered. I furthe ESPONSIBILITY to arrange for AL .) to be received by the Admission	use for refusal of admiss r understand that, if I a L ADMISSION CREDENT	sion, cancellation o m approved and ac IALS (diploma, offi	f application, or ccepted into the cial transcripts,			
Applicant Signature	e: Date:						
For Office Use Only: Date application received	l:						