



ADMISSIONS APPLICATION

PERSONAL INFORMATION				
First Name		Last Name		
Mailing Address	Street	City	State	Zip
Permanent Address (if different)				
Home Phone		Cell Phone		
Social Security Number		E-mail Address		

EDUCATION PLANS				
Cosmetology <input type="checkbox"/>	Esthiology <input type="checkbox"/>	Spa <input type="checkbox"/>	Start Date	
Have you attended an Aveda Institute before?			If yes, list location attended, program and start date	
Left Handed Shears <input type="checkbox"/>		Right Handed Shears <input type="checkbox"/>		

EDUCATIONAL BACKGROUND			
High School	City/State		Graduation Date
Ever attend college or technical school? If yes, where?	City/State	Graduation Date	Area of Study
Have you received your G.E.D. certificate?		Date Completed	

FINANCIAL PLAN - OFFICE USE ONLY			
Up Front Payment <input type="checkbox"/>	Payment Plan <input type="checkbox"/>	Sallie Mae loan <input type="checkbox"/>	Title IV <input type="checkbox"/>

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PERSONAL STATEMENT

Please briefly tell us why you feel you should be considered for acceptance to the Aveda Institute.

STUDENT CERTIFICATION

I certify that the information I have provided for admission to the Aveda Institute is complete and accurate to the best of my knowledge. I understand that any misrepresentation of information is sufficient grounds for refusal of admission to the Aveda Institute.

Applicant's signature _____ Date _____

The Aveda Institutes are committed to the policy that all students should have equal access to its programs, facilities, and employment without regard to race, color, creed, religion, national or ethnic origin, sex, age, marital status, disability, or sexual orientation.

REQUEST FOR CONFIDENTIAL INFORMATION

It may be used in reporting under federal and state laws and regulations. It will not be used as a basis for admission or in any discriminatory manner.

Date of Birth (Month, Day, Year) _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Predominant Ethnic Background <input type="checkbox"/> Caucasian (white, non-Hispanic) <input type="checkbox"/> African American (non-Hispanic) <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other	
Residency <input type="checkbox"/> State _____ <input type="checkbox"/> International student	
Age Group <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 – 24 <input type="checkbox"/> 25 – 30 <input type="checkbox"/> 31 – 40 <input type="checkbox"/> 41 – 50 <input type="checkbox"/> Over 50	
Highest level of education completed <input type="checkbox"/> High school diploma or G.E.D. <input type="checkbox"/> Some college <input type="checkbox"/> 2 year college degree <input type="checkbox"/> 4 year college degree	
Family Income <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> \$30,000 <input type="checkbox"/> \$40,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$60,000 <input type="checkbox"/> \$70,000 <input type="checkbox"/> \$80,000 <input type="checkbox"/> \$90,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$100,000+	

OFFICE USE ONLY

Admissions Manager _____ Date _____

Accepted

Not Accepted