

Academy **of Cosmetic Arts** **APPLICATION**

Please complete and submit the entire 3-page application. Incomplete applications will be returned to you and will delay the decision on your acceptance.

Nam: _____
 Last name First name Preferred first name M.I. Maiden

Mailing address: _____
 Number & street City State Zip code

Permanent address: _____
 (If different) Number & street City State Zip code

Telephone :(_____) Cell phone: (_____)

E-mail: _____ [IM:](#) _____

Gender: Male Female

Nearest Relative: Father Mother Guardian Spouse/partner

Name	Address	City, State, Zip	Phone

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

Which best describes your application status? New applicant Former KNK 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? Esthetics Nail Technology Teacher Training

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

Which schedule are you interested in? Days Evenings

Do you have reliable transportation? Yes No Do you work? Yes No If yes, where? _____

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

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

Have you been suspended or dismissed from any cosmetology school or college for academic, attendance or disciplinary reasons? Yes No

If yes, explain: _____

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

 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 KNK Academy of Cosmetic Arts? _____

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

5.) What are your long-term career goals? _____

6.) Why did you choose KNK's? _____

Admission Policy

1. Must be at least 16 years old by their projected graduation date.
2. Must provide proof of passing 10th grade, being a standard high school graduate or GED recipient.
3. Must provide a valid driver's license or photo ID and a social security card.
4. Must complete and submit: a completed KNK Academy of Cosmetic Arts application with a \$100 nonrefundable application fee.
5. Be approved for acceptance by the school. The school does not recruit students already attending or admitted to another school offering the same course of study.
6. Complete all financial arrangements, applications, and paperwork. In the case you withdraw from the course, no hours or academics will be released until all financial obligations are met or arranged.
7. All prospective students must complete an Admissions Application and return it to the campus location.
8. All applications will be reviewed and approved by the campus admissions representative and campus manager.
9. Incomplete applications will not be considered for review.
10. Applications received from an applicant with a felony conviction will be further reviewed by the schools' owner, director's staff, and campus admissions representative and manager.
11. Submitting an application does not guarantee admission.
12. Prospective students will be notified by phone of approval or denial of admission.
13. In the event a prospective student cannot be reached via phone, a letter will be mailed to the address provided on the admissions application.
14. KNK Academy of Cosmetic Arts reserves the right to approve or deny admission based on information gathered from the admissions application, during conversations with prospective students (on the phone or in person), letters written by a prospective student, or any other form of communication.
15. KNK Academy of Cosmetic Arts teaches all courses in English only. The South Carolina 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 facts will be cause for refusal of admission, cancellation of application, or dismissal from KNK Academy of Cosmetic Arts 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: _____