

GASTON COLLEGE COSMETOLOGY APPLICATION

NAME _____ Student ID or SS# _____ DATE _____

ADDRESS _____
Street City, State Zip Code

DATE OF BIRTH ____/____/____ EMAIL _____
Month/Day/Year

TELEPHONE (H) _____ (C) _____

HAVE YOU GRADUATED, OR EXPECT TO GRADUATE, FROM HIGH SCHOOL? YES NO

YEAR _____ Name and Location of High School _____

Do you have a GED certificate? YES NO If Yes, Date Awarded? _____

Have you attended another cosmetology school? YES NO

If YES, Where? _____

When? _____ Hours Earned _____

Are you aware there is Financial Aid? YES NO

Are you aware there are Scholarships available for students? YES NO

Have you been enrolled into any other Health and Human Services programs? YES NO

I CERTIFY THAT ALL THE INFORMATION ON THIS FORM IS CORRECT AND COMPLETE.

Applicant Signature Date

Parent/Guardian Signature Date

I understand individuals who have been convicted of a felony will be required to complete a pre-application review by the NC Cosmetic Arts Board **prior** to making application for a license to practice in the state of North Carolina.

Applicant Signature Date

Parent/Guardian Signature Date

Gaston College is committed to fair and equal treatment for all persons without regard to race, color, sex, religion, or national origin, age or disability.