



Gaston College
Esthetics Technology Application

Class: Morning ☐
Mid-Day ☐
Evening ☐

PERSONAL INFORMATION:

NAME _____ Student ID or SS# _____ DATE _____

ADDRESS _____
Street City, State Zip Code

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

TELEPHONE (H) _____ (C) _____

EDUCATIONAL INFORMATION:

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

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.