

ENROLLMENT APPLICATION



**AVEDA INSTITUTE
LAS VEGAS**

PERSONAL INFORMATION

Full Legal Name (Last, First, Middle)		Daytime Phone Number	
Former Name (if different than above)		Evening Phone Number	
Mailing Address: Street	City	State	Zip
Permanent Address (if different than above)			
Social Security Number		Email Address	
Date of Birth		Current Age	

RESIDENCY INFORMATION

Are you a US Citizen? (Circle one please) Yes No	If no, what type of Visa (i.e. permanent resident, immigrant, refugee, F-1)		
Country of Birth	Alien Registration Number (if any)		
State in which you claim legal residency		How Long have you been a resident?	
Do you plan on returning to that state after completion of this program? (Circle one please) Yes No			

EDUCATION PLANS

Cosmetology Esthiology (Circle one please)	Date you are planning to attend school 1st Choice _____ 2nd Choice _____	
Have you ever attended Cosmetology or Esthiology school? Yes No	Program Attended and Start Date	
How did you hear about the Aveda Institute Las Vegas?		
Will you be applying for Financial Aid? (Circle one please)	Yes	No
Will you be applying for Student Loans? (Circle one please)	Yes	No

EDUCATIONAL BACKGROUND

Name of High School/Colleges attended	City/State	Graduation Date	Area of Study

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PERSONAL HISTORY

List any information below that you want the Aveda Institute Las Vegas to know about you.

PLEASE SUBMIT ALL OF THE FOLLOWING FOR THE ADMISSIONS PROCESS WITH THE ENROLLMENT APPLICATION. ONCE RECEIVED AND REVIEWED A REPRESENTATIVE WILL BE IN CONTACT WITH YOU.

- Fully Completed Application Form**
- Non-Refundable \$25.00 Application Fee**
- Official High School Transcript or a Copy of your Diploma/Copy of your GED Certificate**
- Copy of your Driver's License**
- Copy of your Social Security Card**
- Please use the following questions as a guide for your letter of intent:**

(Must Be Typed)

What inspires you to educate yourself in this profession?

What is your future goal?

Who inspires you to be the person you are today and why?

Why did you choose the Aveda Institute Las Vegas?

- Vision Board** (see attached directions - due the first day of class)

STUDENT CERTIFICATION

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

Applicant's Signature _____

Date: _____

For office Use Only:

Notes/ Additional Comments: _____

