



APPLICATION FOR ADMISSION

GENERAL INFORMATION

Legal Name as it appears on your social security card

Preferred Pronouns she/her he/him they/them

Date of Birth

Social Security Number

Mailing Address

City/State

Zip Code

Phone Number

Fax

Cell

Email Address

Occupation

Ethnicity

Emergency Contact Name

Emergency Contact's Phone Number

I authorize the above-mentioned person to be contacted on my behalf

Have you been on Accutane in the last six months? YES or NO

If yes when did/will treatment end? _____

Have you been on any of the following topical skin medications in the last 3 months? (Circle all that apply)

Clindamycin Dalbavancin Vancomycin Retinol Erythromycin

The Institute requires that each student receives all treatments performed in the clinical environment. Students gain working and practical knowledge by performing these treatments on each other prior to offering them to the public.

CELEBRATING 40 YEARS OF EXCELLENCE IN ESTHETICS

300 Wildwood Avenue, Woburn, Massachusetts 01801 (T) 781.935.3344 (F) 781.932.6215 www.CatherineHinds.edu

CATHERINE HINDS INSTITUTE

Do you have any condition, physical, emotional or otherwise that we should be aware of, or that may prevent you from full participation in any area of your course of study at the Institute that require accommodations? *

If yes, please explain: _____

The Massachusetts Board of Cosmetology and Barbering requires either a social security number or a Federal Tax ID Number to obtain an Esthetics license. Please indicate either a Tax I.D. # or Social Security number.

The Massachusetts Board of Cosmetologist and Barbering requires disclosure of any convicted felony prior to sitting for the State Board. If yes, you will need to be prepared to stand in front of the board to explain the circumstances of the felony. It is at the discretion of the board whether the student will be allowed to be licensed in the state of Massachusetts. Should the MA Board of prepared Cosmetology determine they are eligible for licensure, the student may be put on a probationary period for up to two years. **Have you been convicted of a felony? YES or NO**

EDUCATIONAL BACKGROUND

Please note that the Catherine Hinds Institute of Esthetics requires a high school diploma or GED equivalent as a prerequisite to enrollment in any Institute courses.

What is your highest level of completed education?

- | | | | |
|---------------------------|-------|--------------------|-------|
| 1. High School Diploma | _____ | 2. GED | _____ |
| 3. Trade/Technical School | _____ | 4. Some College | _____ |
| 5. College (AS/AA) | _____ | 6. College (BS/BA) | _____ |

Was High School education completed outside of the United States? YES or NO

Have you ever attended another trade/occupational program in the past? YES or NO

Are you currently or have recently been enrolled in a college/community college? YES or NO

If Yes, are/were you using Financial Aid?

Are you a licensed professional including, but not limited to Cosmetologist, Massage Therapist, Nail Tech, RN, LPN, Nurse Practitioner, Physician Assistant, Electrologist or Dental Hygienist? YES or NO

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Note: If you are a Massachusetts licensed cosmetologist you may be eligible to transfer up to 75 hours.

* Any condition that may prevent full participation must be disclosed fully prior to your enrollment in order to allow the Institute to accommodate you in your education. Students should be aware that full participation in esthetic treatments, both giving and receiving, is a requirement for satisfactory progress and course completion at the Institute. It is imperative that prospective students understand that failure to participate fully in clinical treatments and experience will adversely affect their grades and may even affect your ability to complete the course and graduate from the Institute.

ESTHETICS INTEREST

How did you decide that you wanted to become an Esthetician?

Why would you be a great candidate for admissions at Catherine Hinds Institute of Esthetics?

What area of Esthetics are you most looking forward to learning about?

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Are there any obstacles that need to be resolved before committing to enrollment? YES or NO

Transportation Employment Schedule Child Care Proof of Education

How will you solve? _____

PROGRAM INTEREST

I am applying for the following program (please circle one):

Core Esthetics – 600 Hours

Masters Esthetics – 900 Hours

I would like to study (Please circle one): Full-time Part-time

Are you aware and secure with your Financial Aid or self payment plan? YES or NO

Have you completed a FAFSA? YES or NO

My payment method will be (Please circle one):

Financial Aid

Self Pay # of payments: _____

I am applying for enrollment in the class beginning in:

This application has been completed with information that is true and correct to the best of my knowledge. I understand that supplying false information on any portion of this application may result in the rejection of this application, or in expulsion from the Institute if information is determined to be false at any time during enrollment.

Signature of Applicant

Date of Application

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