



ADMISSIONS APPLICATION

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

Street Address

Apt.#

City/State

Zip Code

Phone Number

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? _____

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.

EXCELLENCE IN ESTHETICS

300 Wildwood Avenue, Woburn, Massachusetts 01801 (T) 781.935.3344 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 requires accommodations? *

* 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.

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) _____ |

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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

ESTHETICS INTEREST

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

PROGRAM INTEREST

I am applying for (Please circle one): CHI Esthetics- 600 Hour program CHI Spa Therapy- 750 Hour program

I would like to study (Please circle one): Full-time Day Part-time Day-AM Part Time Day-PM Part-Time Evening

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

Have you completed a FAFSA? YES or NO

CATHERINE HINDS INSTITUTE

My payment method will be (Please circle one): Financial Aid OR Self Pay # of payments: _____

*If applying for financial aid will you be: Living with parent(s) OR On your own

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.

Name of Applicant (Print)

Applicant Signature

Date of Application

01.2026