



ESTHETICS TECHNOLOGY CERTIFICATE PROGRAM APPLICATION

First Choice: [] Morning or [] Mid-Day
Second Choice: [] Morning or [] Mid-Day

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 _____
Do you have experience in the beauty/wellness industry? (examples: work in spa/salon/dermatology, beauty advisor in department store, hold license in manicuring/massage therapy, etc.) [] YES [] NO If yes, additional information must be provided.
Do you hold a license or certification in the healthcare industry? (examples: nursing license, CNA or phlebotomy certification, etc.) *CPR certification does not apply* [] YES [] NO If yes, documentation must be provided.
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 (if applicant is a minor) _____ 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 (if applicant is a minor) _____ 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.