## Don Roberts

## School of Hair Design

152 East US Route 30 Schererville, Indiana 43675 219-864-1600 <u>drschool@sbcglobal.net</u> donrobertsschoolofhairdesign.edu

## **Application for Admissions**

Applicant Information					
Full Name:	Last	First	M.I.	Date:	
	Last	FIISI	۱۴۱.۱.		
Phone:	-	Email_			
Program of Interest YES NO					
Cosmetolog	JY				NO II
Barber				YES	NO 
Esthetics				YES	NO 
Manicure				YES	NO 
Instructor				YES	NO
Do you have experience in the field of cosmetology?				YES	NO
If yes, please explain:					
Education					
High Schoo	l Graduate			YES	NO
GED				YES	NO
College Gra	duate			YES	NO
Have you at	tended ANY post-secon	dary education previously?		YES YES	NO
Have you p	articipated in online edu	cation?		YES	NO
If yes, was t	his experience successf	?ار		YES	NO NO
Would you	ike information on finan	cial support?		YES	
Have you fi	ed a current FASFA?				NO
	_	Disclaimer and Sign	nature		
I certify tha	t my answers are true ar	nd complete to the best of my	/ knowledge.		
Signature:			D	Pate:	