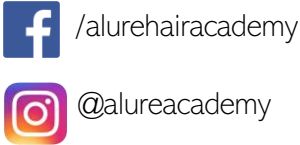




2020
Application for Enrollment:
Cosmetology Program

Last Revised 08/2020

Alure Academy at Salon Alure
1020 E. Main St., Suite H, Purcellville, VA 20132
www.alurehairacademy.com
540-338-8911 | alurehairacademy@gmail.com



Personal References (not employer or relative):

Name	Address	Phone
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EDUCATION

High School _____ City, State _____

Year Graduated _____ Grade Average _____ Guidance Counselor _____

List all training/college attended since high school.

School _____ City, State _____ Major/Course _____

Graduate? _____ Graduation Date _____ Grade Average _____ Honors? _____

School _____ City, State _____ Major/Course _____

Graduate? _____ Graduation Date _____ Grade Average _____ Honors? _____

EMPLOYMENT HISTORY

Employer _____ Address _____ Phone _____

Position _____ Starting Date _____ Ending Date _____ Salary _____

Employer _____ Address _____ Phone _____

Position _____ Starting Date _____ Ending Date _____ Salary _____

Do we have your permission to contact your employer(s) above as a professional reference?

Please circle: **YES** or **NO**

BASIC QUESTIONS

When would you like to start school?

Cosmetology: Month? _____ Year? _____

Have you ever been convicted of a felony? Yes _____ No _____

Will you need financial assistance to complete your education? _____

Do you wish to be employed immediately after graduation? _____ Full time? _____ Part time? _____

What salary would you expect? _____

How did you hear about us? _____

Have you completed a college visit to Alure Hair Academy? Yes _____ No _____

PERSONAL GOAL QUESTIONS

How long have you been interested in a career in this industry? _____

What other careers have you considered? _____

Why do you want to enter this career?

What are your short- and long-term goals?

What are you looking for in a school?

What/who would hold you back from pursuing & completing your cosmetology education?

Are you ready financially, mentally, and emotionally to take the next step in your pursuit of a cosmetology education?

I certify that all statements made in this application are complete and true.

Signature _____ Date _____