

# Golden Valley Beauty Academy

1669 N. 2<sup>nd</sup> St. Unit A  
Clinton, MO 64735  
(660) 885-2739

## ADMISSIONS APPLICATION

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

SS# \_\_\_\_\_

Course interest in: Cosmetology Manicuring Instructor Training  
(circle one)

Desired Start Month \_\_\_\_\_

Marital Status: single married separated/divorced widowed  
(circle one)

# of dependents in household \_\_\_\_\_

Place of Employment \_\_\_\_\_ how long? \_\_\_\_\_

Monthly Income \$ \_\_\_\_\_

Please list two personal references:

Name \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_ relationship \_\_\_\_\_

I acknowledge that all information above is correct  
and I understand that completion of this application does  
not guarantee enrollment in Golden Valley Beauty Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>For official use only</b></p> <p><input type="checkbox"/> Enrd</p> <p><input type="checkbox"/> Start date _____</p> <p>MOP:</p> <p>Additional Notes:</p>
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