SMI THE SKIN + MAKEUP INSTITUTE

7547 West Greenway Road w Suite 500 w Peoria, Arizona 85381
Telephone: 623-334-6700

Confidential Enrollment Application

This application must be completed by the applicant. Completion and submission of this application does not obligate the applicant or the Institute in any way. Admission is based on the applicant's ability to benefit from the programs offered.

I. PERSONAL INFORMATION

Full Name _____

Social Security Number _____

Date of Birth _____

Present Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

If temporary, list permanent address: _____

How did you hear about the Institute?
☐ Internet ☐ Word of Mouth ☐ Referral: _____ ☐ Other: _____

II. PARENT INFORMATION (if under 21 years of age)

Father _____ Address _____
City _____ State _____ Zip _____ Phone _____

Mother _____ Address _____
City _____ State _____ Zip _____ Phone _____

III. EDUCATION / EMPLOYMENT / LIVING

Housing: ☐ With Parents ☐ With Relatives ☐ On Own ☐ Other: _____

Highest Education Completed:
☐ High School Diploma ☐ GED/HSE ☐ Some College
☐ Associate Degree ☐ Bachelor's ☐ Master's+

Current Status: ☐ High School Senior ☐ Post-Secondary/Adult

Employment: ☐ Full-Time ☐ Part-Time ☐ Unemployed

Employer _____ Position _____

SMI THE SKIN + MAKEUP INSTITUTE

7547 West Greenway Road w Suite 500 w Peoria, Arizona 85381
Telephone: 623-334-6700

IV. STUDENT INFORMATION

What first interested you in the aesthetics industry?

_____

How will you support yourself while in school?

_____

Do you have any physical limitations that may affect your ability in this field?

_____

What are your professional goals after graduation?

_____

Have you ever been convicted of a crime? ☐ Yes ☐ No If yes, please explain:

_____

V. PROGRAM OF ENROLLMENT

Program: _____
Start Date: _____
Expected Completion Date: _____

VI. EMERGENCY CONTACT

Name _____ Relationship _____
Phone _____

VII. CITIZENSHIP / RIGHT TO WORK

Are you a U.S. Citizen or legally authorized to work in the U.S.? ☐ Yes ☐ No

VIII. DEMOGRAPHIC INFORMATION (optional – for federal reporting only)

Ethnicity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino
Race (check all that apply): ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other: _____

IX. FINANCIAL ARRANGEMENT

How do you plan to pay for tuition?
☐ Self-Pay ☐ Loan ☐ Payment Plan ☐ Other: _____

SMI THE SKIN + MAKEUP INSTITUTE

7547 West Greenway Road w Suite 500 w Peoria, Arizona 85381
Telephone: 623-334-6700

X. CATALOG & POLICY ACKNOWLEDGMENT

By signing below, I certify the information provided is true and complete. I understand that The Skin & Makeup Institute of Arizona does not discriminate in admission, instruction, or graduation on the basis of age, ethnicity, color, religion, or financial status.

Applicant Signature _____ Date _____

Admissions Signature _____ Date _____