



# Academy Application

Please complete and submit the entire 2-page application. Incomplete applications will be returned to you and will delay the decision on your acceptance.

NAME: \_\_\_\_\_  
Last name      First name      Preferred name      M.I.      Maiden

MAILING ADDRESS: \_\_\_\_\_  
Number & Street      City      State      Zip

PERMANENT ADDRESS: \_\_\_\_\_  
(if different)      Number & Street      City      State      Zip

TELEPHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_ IM: \_\_\_\_\_

GENDER:  MALE       FEMALE

NEAREST RELATIVE:  FATHER       MOTHER       GUARDIAN       SPOUSE/PARTNER

\_\_\_\_\_  
NAME      ADDRESS      CITY, STATE, ZIP      PHONE

Have you ever been convicted of a felony?  Yes  No If yes, explain:  
\_\_\_\_\_

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Which best describes your application status?  New Applicant  Former A II Z Student  Transfer

If Transfer, from where? \_\_\_\_\_ What course did you take?  
\_\_\_\_\_

Which course sessions are you applying for?  Full-Time  Part-Time (see price schedule)

Which payment plan best suits your needs?  Platinum A  Platinum B  Platinum C (Save \$150-\$250)

Gold A       Gold B       Gold C

Silver A (save \$250)       Silver B

Bronze A       Bronze B

Which technique would you consider to be your strongest? (Choose one)  Braiding  Weaving  Twists  
 Natural Styling  Shampooing

Do you have reliable transportation?  Yes  No Do you work?  Yes  No If yes, Where? \_\_\_\_\_

If you reside outside of Ohio, are you planning to get a license in:  Ohio  My State of Residence  Both

List the last high school you attended and your status when you left (i.e. Grad, GED, Withdrew). List all other educational institutions you have or are attending. Please be sure to include A II Z if you have attended in the past.

	Name of Institution City, St	From Mo/Yr.	To Mo/Yr.	Diploma/GED/Degree
High School				
Cosmetology School				
College				

Have you been suspended or dismissed from any cosmetology school or college for academic, attendance or disciplinary reasons?  Yes  No If yes, Please explain:

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### Employment and Military History List your employment experience (including military service) for the last 12 months

Employer	Street Address	City, Zip, State	From (Month/Yr.)	To (Month/Yr.)
Employer	Street Address	City, Zip, State	From (Month/Yr.)	To (Month/Yr.)
Employer	Street Address	City, Zip, State	From (Month/Yr.)	To (Month/Yr.)

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Answer the following questions in 3 or 4 sentences

1.) Why will you be a great student at our school?

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2.) What obstacles might prevent you from achieving excellent attendance and excellent academic performance?

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3.) How did you hear about A II Z Naturals Academy?

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4.) What traits do you have that will help you succeed in this industry?

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5.) What are your long-term career goals?

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6.) Why did you choose A II Z Academy?

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## Admission Policy

- All prospective students must complete an Admissions Application and return it to P.O. Box 391607 Solon, OH 44139 within two weeks of the start the class.
- All applications will be reviewed and approved by the Academy Admissions Representative.
- Incomplete applications will not be considered for review.
- Applications received from an applicant with a felony conviction will be further reviewed by the academy's owner, directors and staff representative and manager.
- Applying does not guarantee admission.
- Prospective students will be notified by phone of approval or denial of admission.
- In the event a prospective student cannot be reached via phone, a letter will be mailed to the address provided on the Admissions Application.
- A II Z Naturals Academy reserves the right to approve or deny admission based on information gathered from the Admissions Application, during conversations with prospective students or friends and family members of prospective students (on the phone or in person), letters written by or on the behalf of a prospective student, or any other form of communication.
- A II Z Naturals Academy teaches all courses in English only. The Ohio State Board of Cosmetology will not require examination however you will need to fill the boutique license form and register with the board to complete your certification.

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I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from A II Z Naturals Academy if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (boutique registration, down payment, etc.) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT.

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

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*For office use only*

Date Received: \_\_\_\_\_ Approved By: \_\_\_\_\_

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