



APPLICATION FORM

Name: _____ Date: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Cell Phone Provider: _____

** By providing email address, cell phone & cell phone carrier information, I am authorizing the school to contact me via these methods. _____ (Applicant's Initials)*

Other Schools Attended: _____

Marital Status: _____ Gender: _____ Race: _____

Education Level: _____

Have your relatives or friends attended Morgantown Beauty College? _____

Do you have children? _____ Do you have a childcare plan? _____

How will you get to school? _____

Driver's License/State ID #: _____ State of Driver's License/ID: _____

Place of employment: _____

Full-time Part-time Work hours: _____

Field of interest: _____

Estimated Start Date: _____

List reasons why you want to continue your education at our school and how it will benefit you in the future.

How did you find out about Morgantown Beauty College?

Social Networks (Facebook, Twitter, Instagram, etc)

Friend

Newspaper

Other

Do you receive any untaxed income ie; ssi disability, etc ? Yes ___ No ___

REFERENCES

Parent/Guardian

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Zip: _____

Cell Phone: _____

Spouse

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Zip: _____

Cell Phone: _____

In case of emergency 1

Name: _____ Same

Address: _____

City: _____ State: _____

Phone: _____ Zip: _____

Cell Phone: _____

In case of emergency 2

Name: _____

Address: _____

City: _____ State: _____

Phone: _____ Zip: _____

Cell Phone: _____

I understand I can read the Student Handbook/Catalog online 24 hours a day at morgantownbeautycollege.edu there I can find the state of the industry, as well as information on school policies.

Applicant's Signature _____

Thank You!