



ShorewoodIL

The Salon Professional Academy
335 Vertin Blvd., Shorewood, IL 60404
www.TheSalonProfessionalAcademy.com
ADMISSIONS@TSPASHOREWOOD.COM

ENROLLMENT APPLICATION

815.609.7120

HOW TO APPLY

1. Complete this application and return it.
2. Have your high school transcripts sent to the Academy.
3. Contact us to schedule a tour, meet with our admissions department, and learn about our school.
4. \$100 Non Refundable Enrollment Fee must be provided upon enrollment.

GENERAL INFORMATION

Course of study: Cosmetology

Name _____
First Middle Last

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____ Email _____

D.O.B _____ Social Security Number _____ What is your citizenship? _____

List health conditions and allergies _____

In case of emergency notify

Name _____ Address _____ Phone _____

Parent Contact #1

Name _____ Address _____ Phone _____

Parent Contact #2

Name _____ Address _____ Phone _____

Personal Reference (not employer or relative)

Name _____ Address _____ Phone _____

EDUCATION

High School _____ City _____ State _____

Year Graduated _____ Grade Average _____

List all training/college attended since high school. Add additional pages as needed.

School _____ City _____ State _____

Graduation Date _____ Grade Average _____ Honors _____

EMPLOYMENT HISTORY Add additional pages as needed.

Employer _____ Address _____ Phone _____

Position _____ Start Date _____ End Date _____ Salary _____

Employer _____ Address _____ Phone _____

Position _____ Start Date _____ End Date _____ Salary _____

Employer _____ Address _____ Phone _____

Position _____ Start Date _____ End Date _____ Salary _____

QUESTIONS

How did you hear about The Academy? _____

Why do you want to enter this career? _____

When would you like to start?

Cosmetology Month _____ Year _____ Nail Tech Month _____ Year _____

Have you ever been convicted of a felony? _____

Do you need any of the following while you attend school? (Check all that apply)

Financial Assistance _____ Transportation _____ Part-time work _____ Housing _____

Do you wish to be employed right after graduation?

Full-time _____ Part-time _____ Expected Salary? _____

I certify that all statements made in this application are complete and true. Please return this form to the Academy Admissions Department. Thank you!

Signature _____ Date _____