

Application for admission to HEADLINES ACADEMY OF NAIL TECHNOLOGY

508 6th Street, Suite 207, Rapid City, SD 57701 Phone: 605-348-4247 Fax 605-348-5462
E-mail: headlines@rushmore.com www.HeadlinesAcademy.com

Name:			
Last	First	Middle	
Street Address & Mailing Address		City	State Zip Code
Home Phone	Work Phone	Cell Phone	e-mail Address
Drivers License # (State: _____ # _____)		Social Security Number	Date of Birth
Name and Phone numbers of nearest living relative for emergency contact		Home Phone	Work Phone
Complete Mailing Address of nearest living relative			

Employment History: Please list most current first. (the last 3 only)

Employer Name	Dates of Employment (from & to)	Supervisor Name	Job Title/Duties

Educational History: Please list most current first (High School, College, Vocational Training Programs)

Name of School	Dates Attended (from & to)	Degree or Certificate Earned

Do you have any learning disabilities, or any physical or emotional conditions, that could interfere with your ability to complete this educational program or your ability to seek and maintain employment in this field after graduation? _____ If yes, please describe: _____

Have you been treated for any physical injuries in the past five years? _____ If yes, please describe: _____

What is your financial plan for paying for this program? _____

Will all of your bills/payments be current before you begin school? _____

Do you understand there is no federal financial aid available for the nail program? _____

Are you eligible for any other funding? ___ Private Scholarships Other _____

Have you ever been convicted of a crime? ___ If yes, please explain _____

_____ Are you restricted to living at a penal institution? _____

Are you married? _____ Do you have children? _____ If yes, how many? _____

With my Signature and Date, I _____ certify to the accuracy and truthfulness of the foregoing statements and do hereby apply for admission to the class beginning **CIRCLE ONE: Spring/Fall YEAR:** _____

Signature _____ Date _____

(Please note: early submission of your application is important to acceptance to the class date of your choice. You may mail or fax to the above addresses, or bring the application to our business office at 508 6th Street, suite 207. **Once you have mailed your application in call 605-348-4247 ext. 13 to let our Director know you are ready for an interview and tour of the Academy.** As Educational and Admission counselors, we reserve the right to choose applicants who exhibit the ability to succeed.)

DISCOVERY QUESTIONS: (please answer all questions, use additional sheets, or retype if necessary)

1. HOW DID YOU HEAR OF THE ACADEMY?
2. WHAT WILL A CAREER IN NAIL TECHNOLOGY MEAN TO YOU?
3. WHAT GOALS DO YOU HOPE TO ACCOMPLISH DURING YOUR ENROLLMENT?
4. WHERE DO YOU PLAN TO WORK AFTER GRADUATION FROM HEADLINES?
5. WHAT IS YOUR 5-YEAR GOAL RELATING TO YOUR NAIL TECHNOLOGY CAREER?
6. HOW WOULD YOU FEEL IF A CLIENT ASKED YOU TO STAY LATER THAN YOUR REGULAR WORK SCHEDULE, TO DO A SERVICE FOR HER/HIM?
7. HOW WOULD YOU DESCRIBE THE TASK OF "PLEASING A CLIENT"?
8. HAVE YOU EVER BEEN FIRED FROM A JOB OR EXPELLED FROM SCHOOL?
9. THE LAST EMPLOYMENT POSITION THAT YOU DECIDED TO TERMINATE, WHY DID YOU?
10. HOW COMMITTED ARE YOU TO COMPLETING THIS COURSE, IF ACCEPTED?
11. HOW DO YOU FEEL ABOUT PEOPLE THAT ARE REGULARLY ABSENT OR LATE FOR COMMITMENTS/APPOINTMENTS?
12. IN REVIEWING THE ACADEMIES GENERAL RULES, ATTENDANCE POLICIES, AND DRESS CODE DO YOU SEE ANY YOU ARE UNABLE TO ACCEPT?
13. IF YOU HAVE A DISAGREEMENT WITH A STAFF MEMBER OR STUDENT, HOW WILL YOU HANDLE IT?
14. HOW DO YOU DEAL WITH PEOPLE TALKING ABOUT OTHER PEOPLE?
15. PLEASE FINISH THIS STATEMENT: "I can get irritated with people I am working with when they:
16. DO YOU FEEL YOU ARE ABLE TO GET ALONG WELL WITH OTHERS DAILY? _____ WHAT PART OF A TEAM DO YOU FEEL YOU PLAY?
17. WHAT ARE YOUR LIVING ARRANGEMENTS?
DO YOU SEE THOSE CHANGING DURING SCHOOL?
18. DO YOU HAVE DEPENDABLE TRANSPORTATION TO AND FROM SCHOOL? _____ IF YOUR CAR BREAKS DOWN WHAT ARE YOUR ALTERNATE MEANS OF GETTING TO SCHOOL?
ARE YOU DEDICATED ENOUGH TO SCHOOL TO TAKE A TAXI IF YOU HAD TO?
19. NOT BEING FINANCIALLY STABLE WILL BE A STUDENTS HARDEST FACTOR TO GET THROUGH SCHOOL. HAVE YOU ESTABLISHED A WORKABLE BUDGET THAT WILL ALLOW YOU TO ATTEND SCHOOL FOR 4 - 6 MTHS? _____ Please complete the budget survey on the last page.
20. DO YOU HAVE CHILDREN FOR CHILD CARE? _____ IF YES, HAVE YOU FOUND DEPENDABLE CHILD CARE FOR THEM? _____ WHO IS AT LEAST ONE OTHER PERSON WHO CAN GIVE YOU BACK UP CHILD CARE IN AN EMERGENCY? _____ IF YOUR CHILDREN ARE IN SCHOOL, DO YOU HAVE DAYCARE FOR DAYS THEY DO NOT HAVE SCHOOL AND YOU DO? _____

**INCENTIVE SCHOLARSHIP APPLICATION
HEADLINES ACADEMY OF NAIL TECHNOLOGY**

\$86.00

or

\$120.00

(if account is paid in full by cash/check 30 days before the class start date)

Class of Your Choice _____ YEAR _____

Please Print

Name _____ SS# _____

Permanent Address _____

City _____ State _____ Zip _____

Home Telephone # _____ Work Telephone # _____

TERMS & CONDITIONS

- ✓ The \$86 Scholarship will be awarded and applied to the student's application for State Board Examination upon completion of 400 hours or:
- ✓ The \$120.00 Scholarship will be awarded and applied to the student's application for State Board Examination upon completion of 400 hours if the student pays their account in full in cash/check 30 days before classes start. If using a GOAL II or alternative loan this will not qualify.
- ✓ Should the student drop from the program no monies shall be awarded and the scholarship will return to the Academy's Scholarship Fund.
- ✓ Should the student take a leave of absence of any kind at any time during the program no monies shall be awarded and the scholarship will return to the Academy's Scholarship fund.
- ✓ Scholarship application & items listed below must reach the Academy's Office 1 Month prior to class start date for the student to become eligible for this scholarship:

Application for Admissions, 2) Recommendation Forms (Provided), Registration Fee of \$200.00, Signed Enrollment Contract

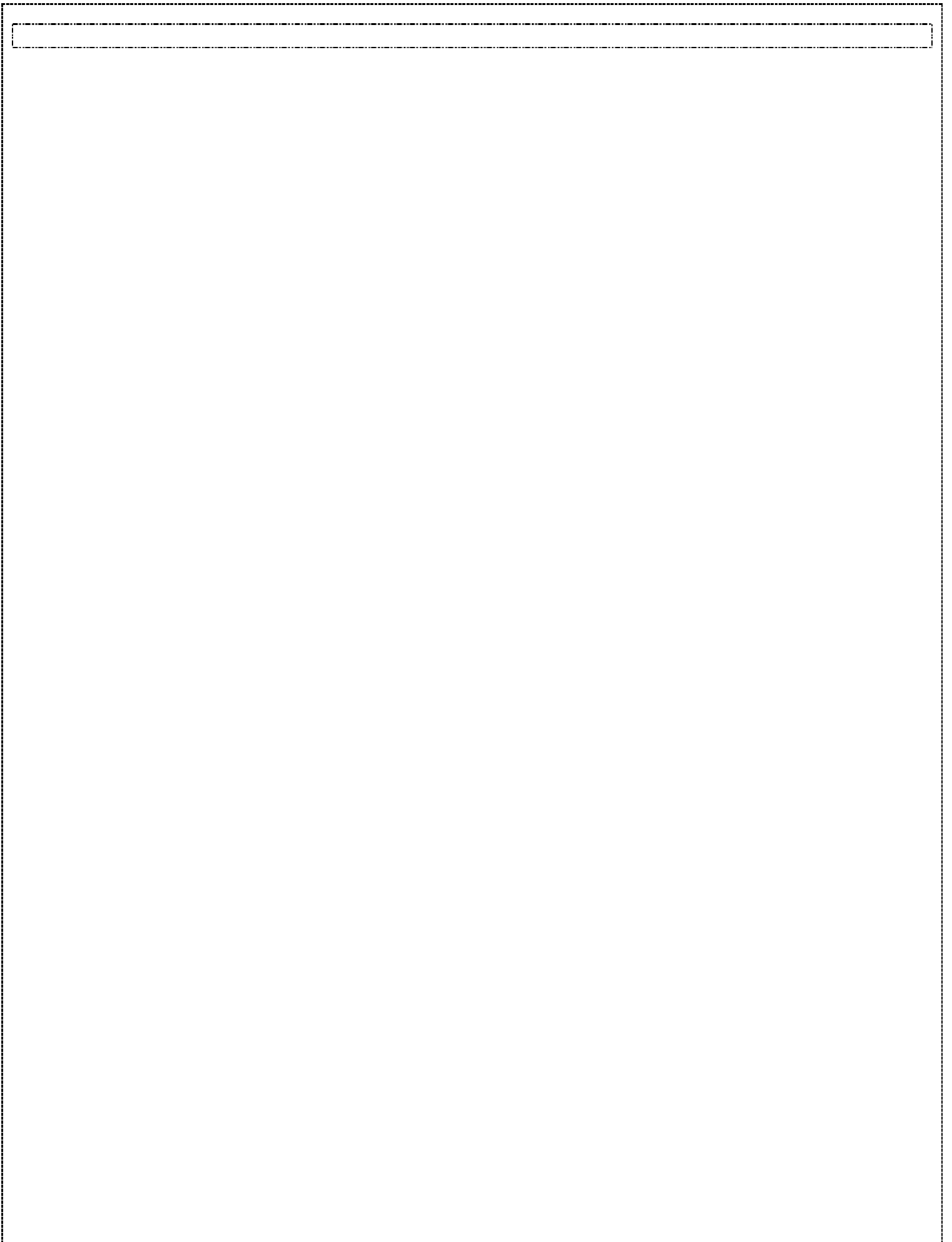
I hereby affirm, with my signature, that I do understand and will comply with all of the terms and conditions of this scholarship.

Student Signature _____ Date _____

Office Use Only _____ \$86.00 / _____ \$120.00

_____ Application for Admissions
_____ Recommendation Forms (Provided)
_____ Registration fee of \$200.00
_____ Signed Enrollment Contract

Deadline: _____
Date Complete: _____
Loss of Scholarship Date: _____
Reason: _____
Approved by: _____



Headlines Academy

Financial Aid Student Procedures

Because of the short program, federal financial aid is not available. Below are some options to help pay for school.

Payment options: 3 payments of \$1200 & \$200 registration fee

Credit Card: Add \$60 for processing fees

Great Opportunity Academic Loans II (GOAL II) Alternative Loans:

Complete pre-approval & application at: <http://www.slfc.com>

- Get a Loan (Apply Now)
- Register Now
- Once you register, to go Get a Loan (Alternative Loan)
- Complete the Pre-Approval, and if approved you will be sent to the screen to complete the application.
- TIP: using a co-signer will increase your chances of approval & possibly lower your interest rate.

Wells Fargo Education Connection Loan:

<http://www.wellsfargo.com/student>

An affordable alternative loan designed to supplement your Federal Stafford Loan – school certification is not required.

- No origination, disbursement, or repayment fees
- No payments for up to six months after leaving school
- Borrow up to \$25,000 per school year for education expenses
- Repayment incentives for automatic and on-time payments

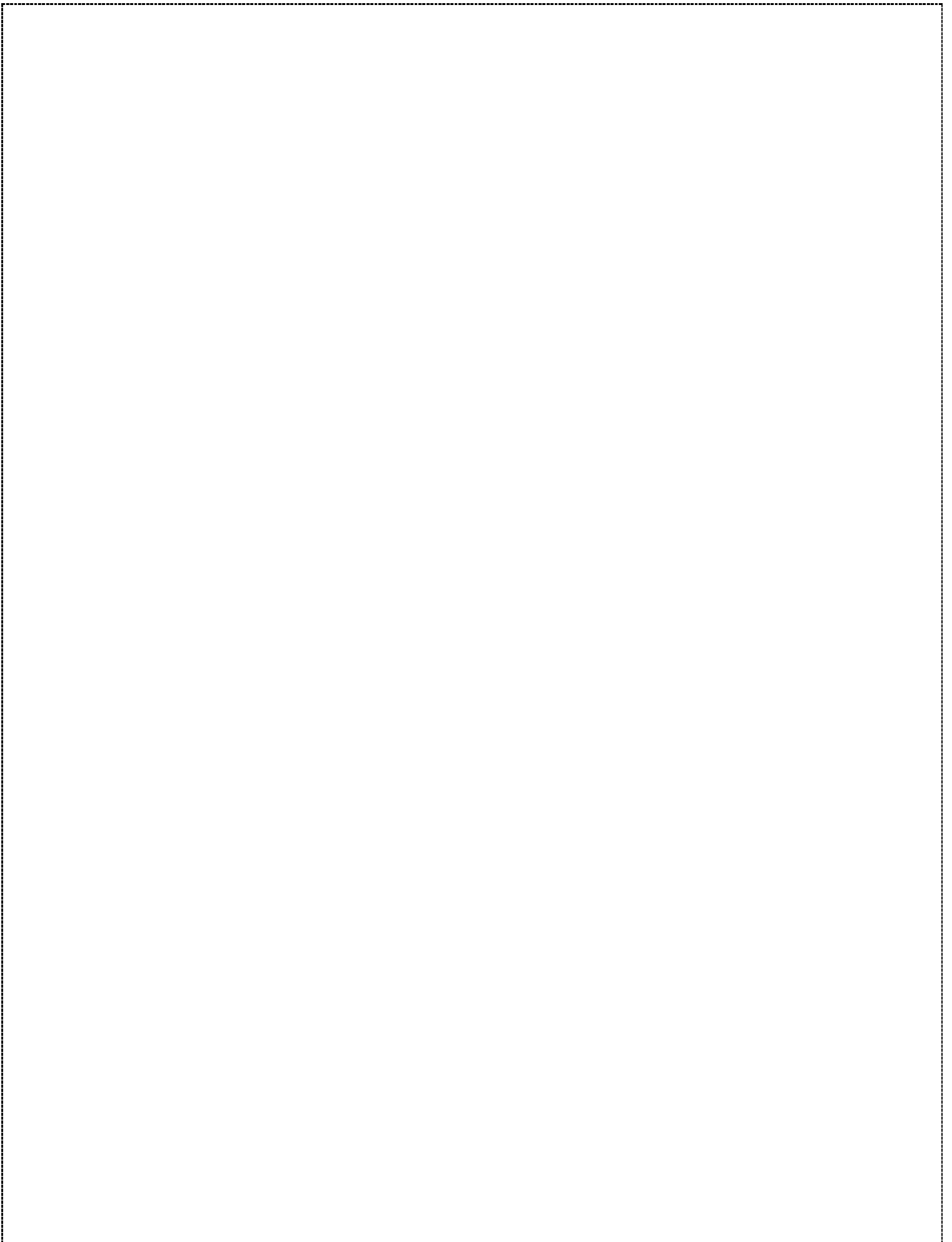
Scholarship Search:

Fastweb: Free Scholarship Search. 600,000 scholarships worth \$1 billion

<http://www.fastweb.com>

If you have further questions, please call or stop by my office anytime.

Peggy Sproat – Financial Aid Administrator
508 Sixth Street, Suite 207 Rapid City, SD 57701
605-348-4247 ext 14
headlines@rushmore.com



HEADLINES ACADEMY OF NAIL TECHNOLOGY RECOMMENDATION FORM:

(One of the two forms should to be completed by a previous or current teacher, or employer.
The other can be a personal reference.)

Student Name: _____ Phone(_____) _____ IS MAKING AN APPLICATION TO
ATTEND THE ACADEMY AND HAS LISTED YOU AS A PERSON WHO HAS ADEQUATE KNOWLEDGE TO MAKE A
REFERRAL OF HER/HIM TO SUCCEED IN THE NAIL TECHNICIAN PROFESSION. PLEASE ANSWER THE QUESTIONS
BELOW & FEEL FREE TO MAKE ADDITIONAL COMMENTS ON THE BACK OF THIS FORM. YOUR COMMENTS WILL
BE CONFIDENTIAL. THANK YOU FOR YOUR TIME AND INTEREST.

PLEASE MAIL OR FAX TO: **HEADLINES ACADEMY 508 6th Street, Suite 207, Rapid City, SD 57701 or Faxed to 605-348-5462**

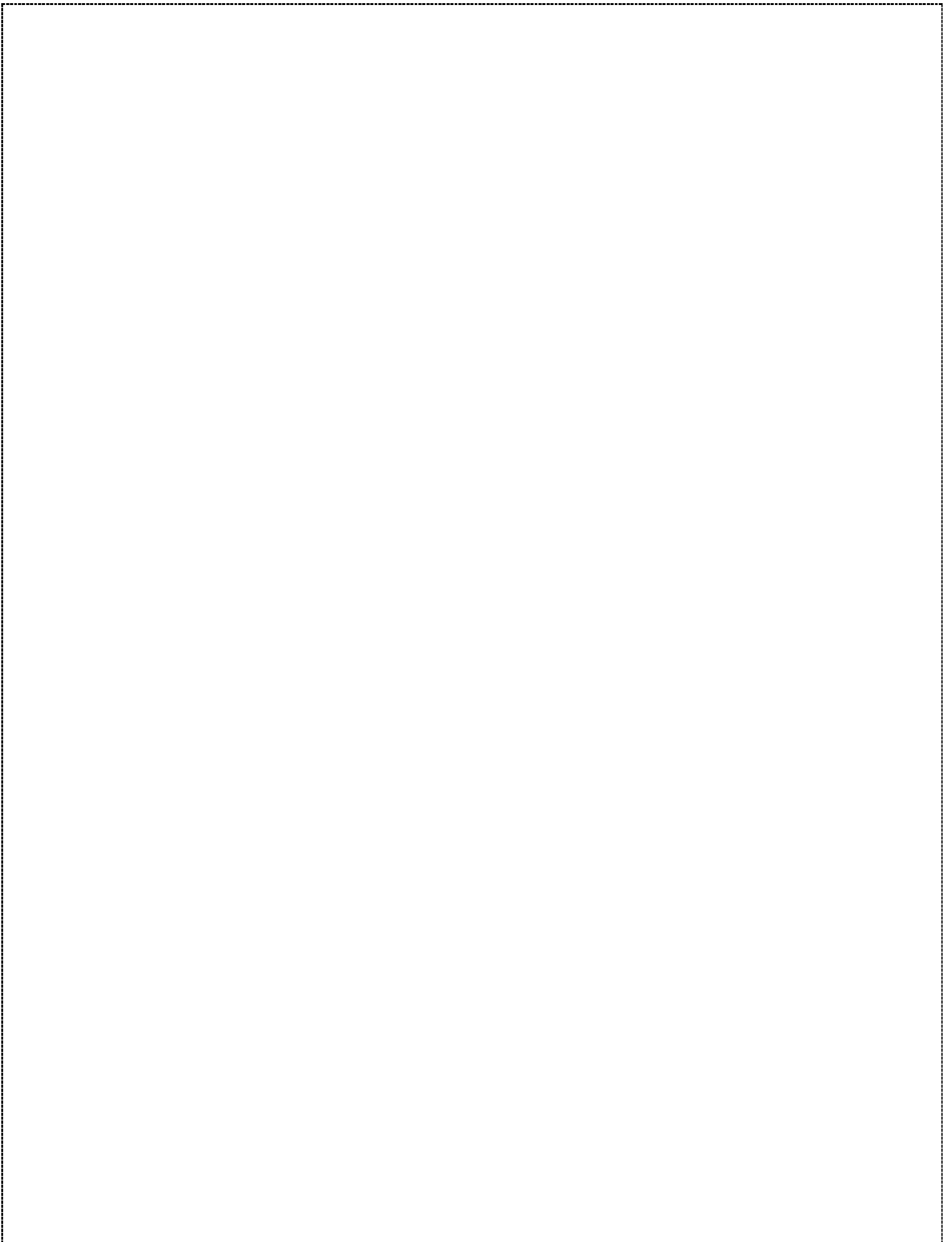
I, _____ authorize _____
(Student Name) (Name) (address)
to release the information as asked for below. _____
Student Signature Date

1. What is your relationship to the applicant?
2. Were you in a position to observe the prospective student as they attended (school / work / other) ____yes ____no
If yes, did you observe them as having __good __average __poor attendance?
How many days were they late or miss on an average per month?
3. Do you feel the prospective student enjoys working with people? Rate 1-10 (10 highest) _____
Why?
4. Have you observed this person being able to fulfill his/her commitments? Rate 1-10 (10 highest) _____
What types of commitments?
5. Do you feel this person can work under authority or instruction, and take constructive criticism well?
Rate 1-10 (10 highest) _____ Explain:
6. Do you feel this person is conscientious of his/her personal appearance and hygiene? Rate 1-10 (10 highest) _____
Explain:
7. In your observation of this person, have you been able to see a willingness to learn? Rate 1-10 (10 highest) _____
8. Do you feel this student is financially able to complete school? Yes No Unsure
Explain:
9. How would you rate this person's output & quality of work? Rate 1-10 (10 highest) _____
Explain:
10. Complete this sentence: I feel this person can succeed in Nail Technology as long as....

May we call you to clarify the information you have provided? ____ yes ____no, I'd rather you didn't.

Printed Name: _____ Signature _____ Date _____ Phone # _____

Occupation: _____ Place of Employment: _____ **1 of 2**



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