

Application for admission to HEADLINES ACADEMY, Inc Esthetics

508 6th Street, Suite 207, Rapid City, SD 57701 Phone: 605-348-4247 Fax 605-348-5462

E-mail: headlines@rushmore.com HeadlinesAdmissions@yahoo.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 ESTHETICS 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 ESTHETICS 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 ESTHETICS
\$200.00**

(if registration fee is paid 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 \$200 Scholarship will be awarded and applied to the student's application for State Board Examination upon completion of 600 hours or:
- ✓ 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 \$300.00, 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 _____ \$300.00	Deadline: _____
_____ Application for Admissions	Date Complete: _____
_____ Recommendation Forms (Provided)	Loss of Scholarship Date: _____
_____ Registration fee of \$300.00	Reason: _____
_____ Signed Enrollment Contract	Approved by: _____



Budget worksheet

Here are some of the expenses you might have as a student.

Use this table to set up a budget to help keep your spending under control.

Return this with your application so our financial adviser is better able to conduct your financial interview.

Educational Expenses

Tuition Payments \$ _____
 Advanced Nail Kits \$ _____
 School supplies (pencils, paper, etc) \$ _____
 Other \$ _____

Housing

Rent payment \$ _____
 Mortgage payment \$ _____
 Electricity \$ _____
 Gas \$ _____
 Phone \$ _____
 Internet \$ _____
 Water, sewage, garbage \$ _____

Food

Groceries \$ _____
 Fast Foods \$ _____
 Beverages \$ _____

Other living expenses

Personal care (hair, toiletries) \$ _____
 Laundry and dry cleaning \$ _____
 Clothing/shoes \$ _____
 Gifts \$ _____
 Monthly membership dues/subscriptions \$ _____
 Health Insurance \$ _____
 Prescriptions \$ _____

Transportation

Car payments \$ _____
 Gas & oil \$ _____
 Normal Car Maintenance \$ _____
 License and registration fees \$ _____
 Auto Insurance \$ _____
 Lease/Meter Parking \$ _____

Entertainment

Movies \$ _____
 Concerts \$ _____
 Sports Events \$ _____
 Dining Out \$ _____
 Health Club Memberships \$ _____
 Parties \$ _____
 Cable Television \$ _____
 Electronic equipment (software, CD's) \$ _____
 Sports/recreation equipment \$ _____

Child Care and pet care

Day Care \$ _____
 Baby/Pet sitters \$ _____
 Medical/veterinary \$ _____
 Toys \$ _____
 Special foods \$ _____
 Clothes \$ _____
 Other \$ _____
 Expecting the unexpected \$ _____

Traffic Tickets \$ _____
 Car Boot Removal \$ _____
 Car repairs \$ _____
 Medication \$ _____
 Dental Care \$ _____

Debt Obligations

Credit Cards \$ _____
 Department Store Cards \$ _____
 Other \$ _____

TOTAL EXPENSES.....\$ _____

INCOME:

Net/Take home Wages \$ _____
 Tips \$ _____
 Interest Income \$ _____
 Investment Income \$ _____
 Other \$ _____

Non-taxable income

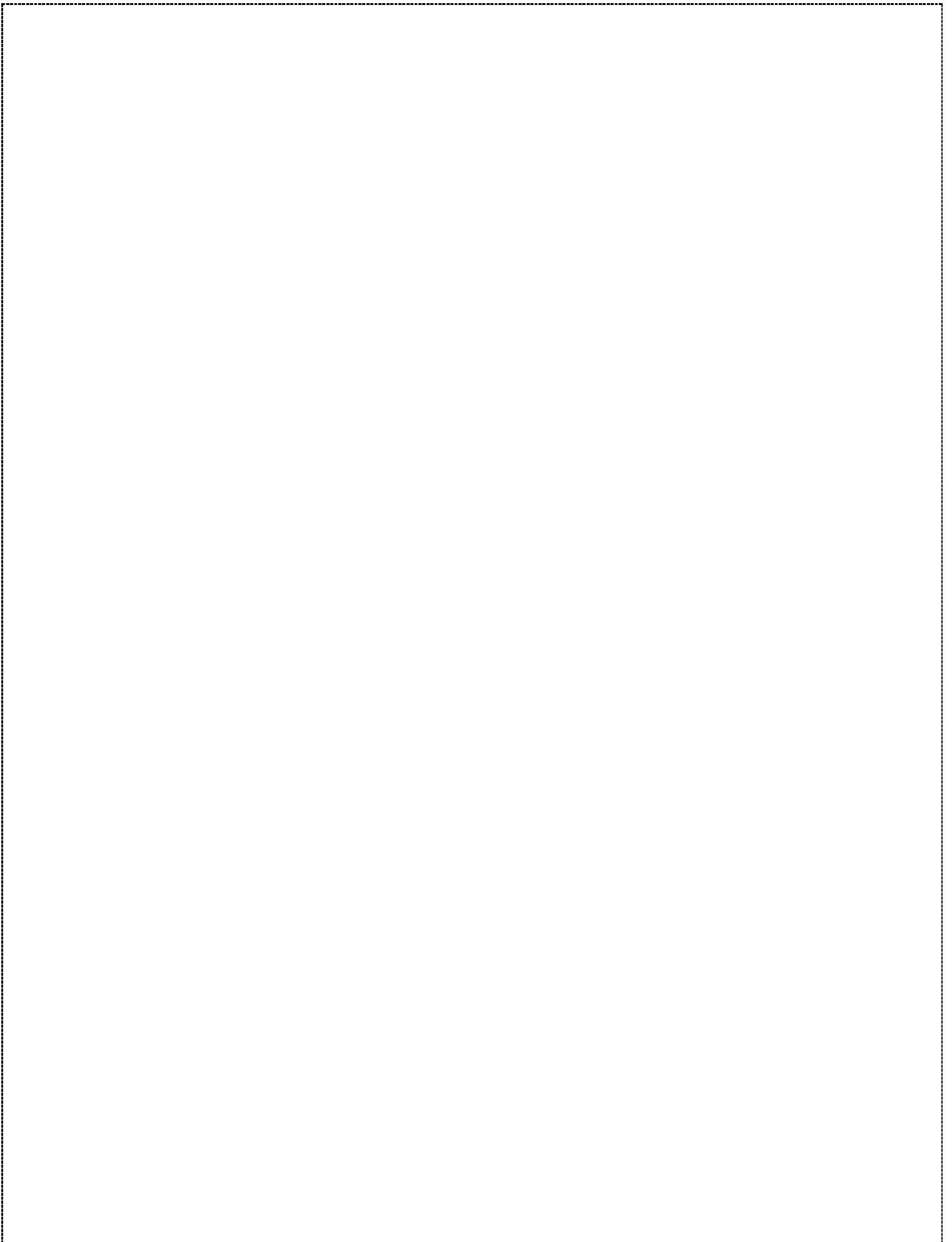
TANF \$ _____
 Veterans Benefits \$ _____
 Social Security \$ _____
 Trust Fund \$ _____
 Support from Parents \$ _____
 Other \$ _____

TOTAL INCOME.....\$ _____

TOTAL INCOME: \$ _____
TOTAL EXPENSE - \$ _____
 = \$ _____
 X (____ MONTHS)
 = \$ _____

IF YOUR INCOME IS HIGHER THAN YOUR EXPENSES THAN THIS FIGURE IS YOUR REMAINING SPENDING MONEY.

IF YOUR EXPENSES ARE HIGHER THAN YOUR INCOME, YOU MAY NEED ADDITIONAL FINANCIAL AID, OR HAVE TO EMPLOYMENT DURING SCHOOL.



Headlines Academy

Financial Aid Student Procedures

Apply for financial aid eligibility

_____ **Step 1:** Request Pin Number for you (and you or parent if applicable)

Web site: www.fafsa.ed.gov

_____ **Step 2:** Fill out FAFSA

Web site: www.fafsa.ed.gov

_____ **Step 3:** Call or email the school to notify them you have completed the FAFSA, and tell them what program and when you will be starting school.

_____ **Step 4:** School receives information.

We receive a copy of your student financial aid information, and we will create an award letter stating what loans, pell grants, and school scholarships you are eligible for.

_____ **Step 5:** Complete verification is notified. Fill out form from school & supply tax forms.

_____ **Step 6:** Return copy of Award Letter to Financial Aid office with amounts you wish to apply for, with initial & date.

Applying for Federal Stafford (FFELP) loans and Federal Pell Grant:

Pell Grants: Based on financial need, check award letter for eligibility. No action needed by student, school draws down pell grant funds after student has started school, and apply the funds to your account. *(Do not have to be paid back – unless you drop you might have to)*

Federal Stafford Loans: *All students qualify for this as long as they are not in default on other student loans.*

_____ **Step 1 –** Student fills in amounts on award letter sent from the school, & returns this form to the school.

_____ **Step 2 –** School certifies the loan via Great Lakes Internet.

_____ **Step 3 -** Student needs to fill out a Master Promissory Note (MPN) at:

Internet - <https://choice.fastproducts.org/FastChoice/Welcome.do?configId=1255444773134>

For Master Promissory Note at Wachovia-a Wells Fargo Company www.wachovia.com/education

_____ **Step 4 -** Complete Stafford Entrance Loan Counseling:

<http://mapping-your-future.org/services/oslcidx.htm>

- Features
- Student Loan Counseling Services
- Stafford Entrance

Federal Parent Plus Loans: *Based on credit rating, however is parent is denied, school can certify student for an additional Stafford un subsidized loan.*

Internet - <https://www.eac-easci.org/headlinesplus>

Other Options:

Wells Fargo Education Connection Loan:

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

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

Scholarship Search:

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

<http://www.fastweb.com>

Financial aid can be confusing, so I hope this list helps. I will answer your questions as many times as you need until you understand. 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 ESTHETICS 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 ESTHETICIAN 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**

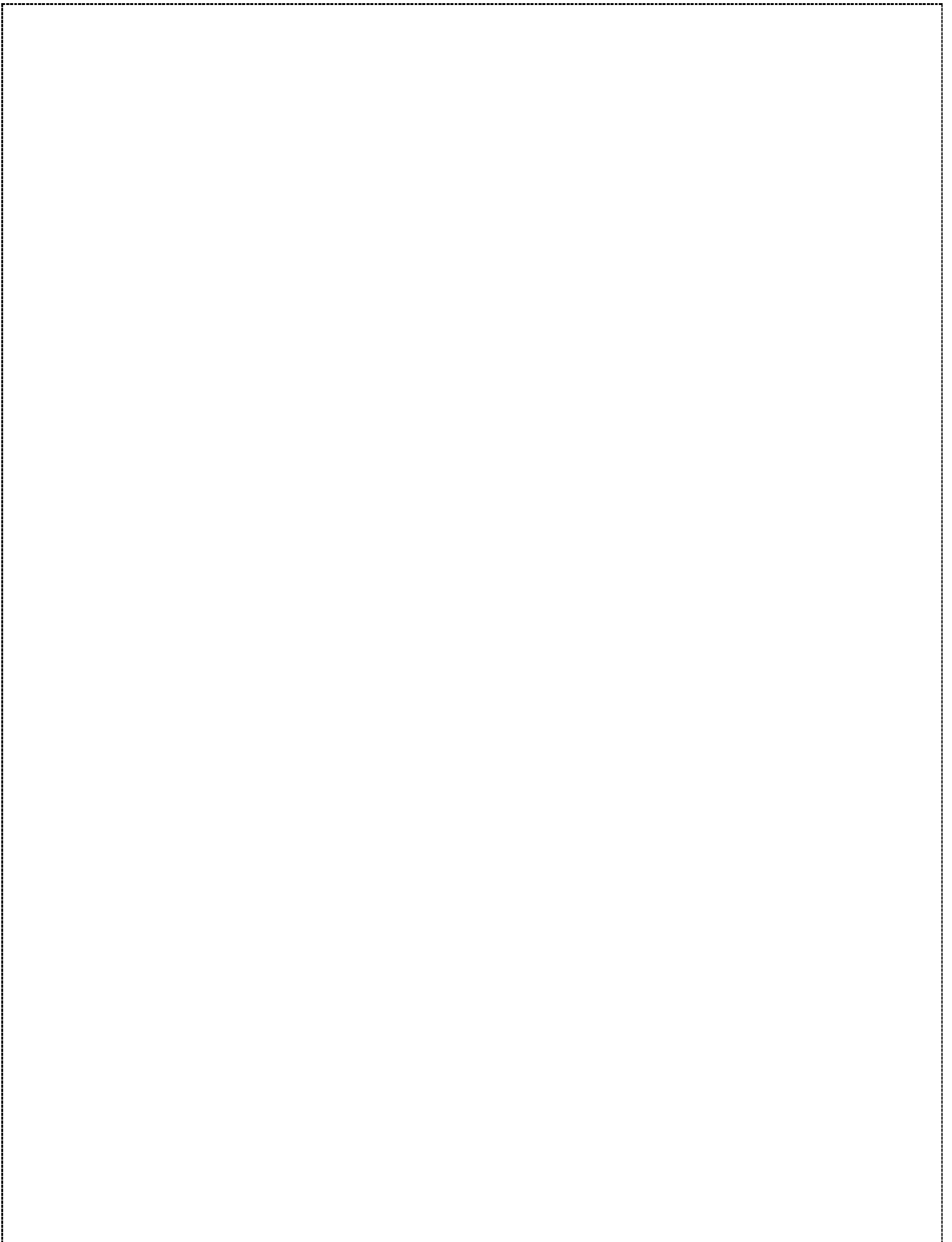
I, _____ authorize _____
(Student Name) (Name) (address)
to release the information as asked for below. _____
Student Signature Date

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 Esthetics 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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