

**Application for admission to HEADLINES ACADEMY, Inc Esthetics**

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

E-mail: [headlines@rushmore.com](mailto:headlines@rushmore.com) [HeadlinesAdmissions@yahoo.com](mailto:HeadlinesAdmissions@yahoo.com) [www.HeadlinesAcademy.com](http://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 6<sup>th</sup> 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

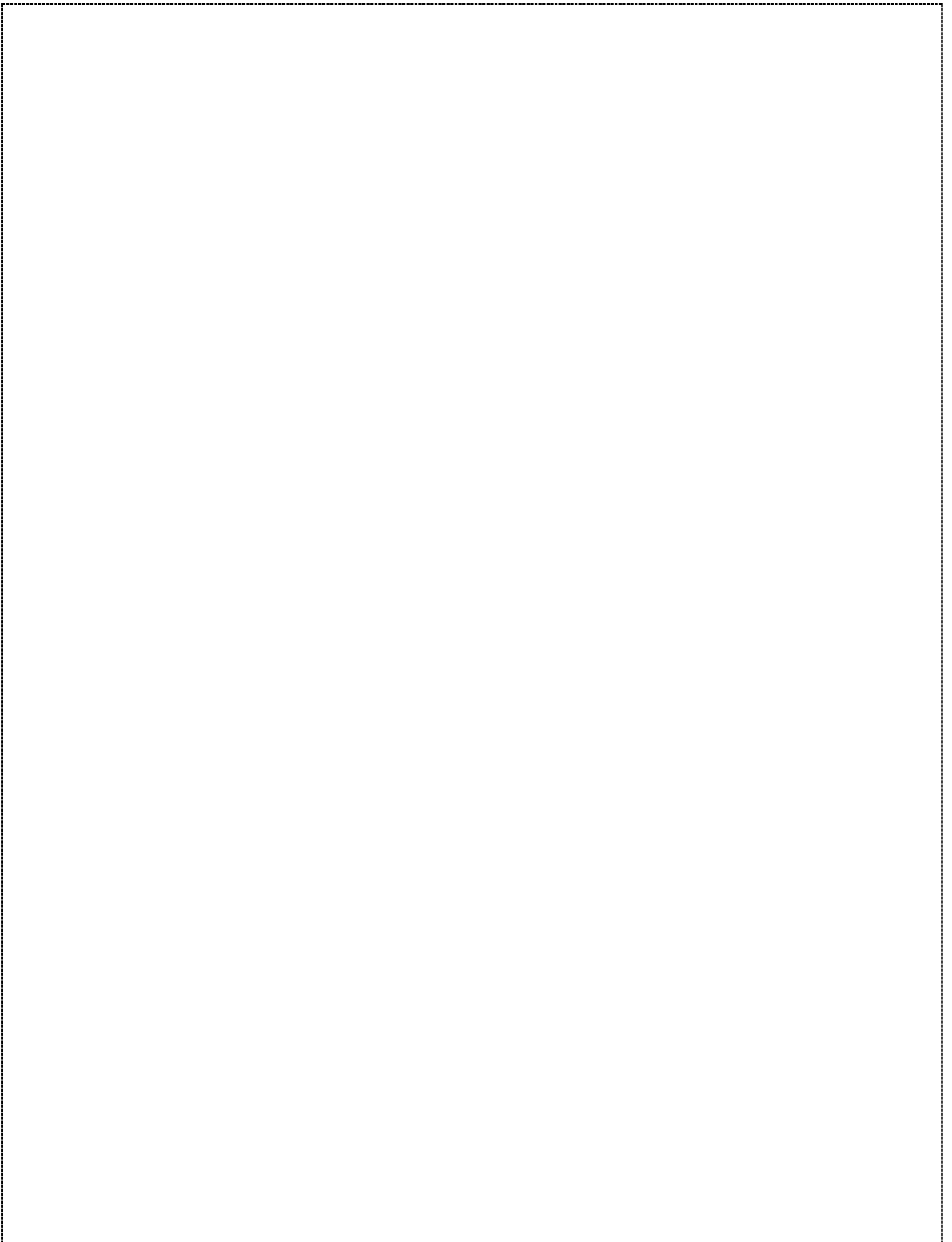
TANF \$ \_\_\_\_\_  
 Veterans Benefits \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Trust Fund \$ \_\_\_\_\_  
 Support from Parents \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

**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 your parent if applicable)

Web site: [www.fafsa.ed.gov](http://www.fafsa.ed.gov)

\_\_\_\_\_ **Step 2:** Fill out FAFSA Web site: [www.fafsa.ed.gov](http://www.fafsa.ed.gov)

\_\_\_\_\_ 2009-2010 \_\_\_\_\_ 2010-2011

\_\_\_\_\_ **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.

\_\_\_\_\_ 2009-2010 (2008 tax forms) \_\_\_\_\_ 2010-2011 (2009 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 William D. Ford Federal Direct Loan Program 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)*

**Direct Loans Program:** *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 –** Student needs to fill out a Direct Loan Master Promissory Note (eMPN)

The link can be found on our website - [www.HeadlinesAcademy.com](http://www.HeadlinesAcademy.com)  
or directly [www.studentloans.gov](http://www.studentloans.gov)

UNLESS – you already have Direct Loans from another school then that MPN is good for 10 years.

\_\_\_\_\_ **Step 3 - Complete Direct Loan Entrance Loan Counseling:**

This will be on the same site as the Direct Loan eMPN. [www.studentloans.gov](http://www.studentloans.gov)

*Note: Safari web browser does not work – it doesn't show the "Sign In Button"*

\_\_\_\_\_ **Step 4 -** School certifies the loan via Internet. They will electronically be ready at the school after the first day of school, or after 30 days if you are a first time borrower.

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

COD will do credit check after a PLUS MPN is completed. The link can be found on our website [www.HeadlinesAcademy.com](http://www.HeadlinesAcademy.com) or [www.studentloans.gov](http://www.studentloans.gov) This is only good for 90 days, so the loan needs to be certified by the school within that time frame.

The funds will be applied to any outstanding tuition, and remainder issued by school check directly to the parent borrower unless they sign a release for the student to accept remaining funds directly. I form will be mailed to you to indicate your options.

Other Loan Options:

**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>

Rapid City Area Schools: There is a link on [www.rcas.org](http://www.rcas.org) for a very large list of scholarships available to a variety of people.

<http://rapidcitycentralguidancedepartment.pbworks.com/Scholarship%20Search>

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. It really doesn't take long to complete, so don't worry if you think you waited too long. If you have further questions, please call or stop by my office anytime.

***Also remember if you haven't already done so mail in your application & your registration fee, and call to set up your interview to save your spot in class.***

*Peggy Sproat – Financial Aid Administrator*  
508 Sixth Street Suite 207 Rapid City, SD 57701  
605-348-4247 ex 14  
[headlines@rushmore.com](mailto: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**

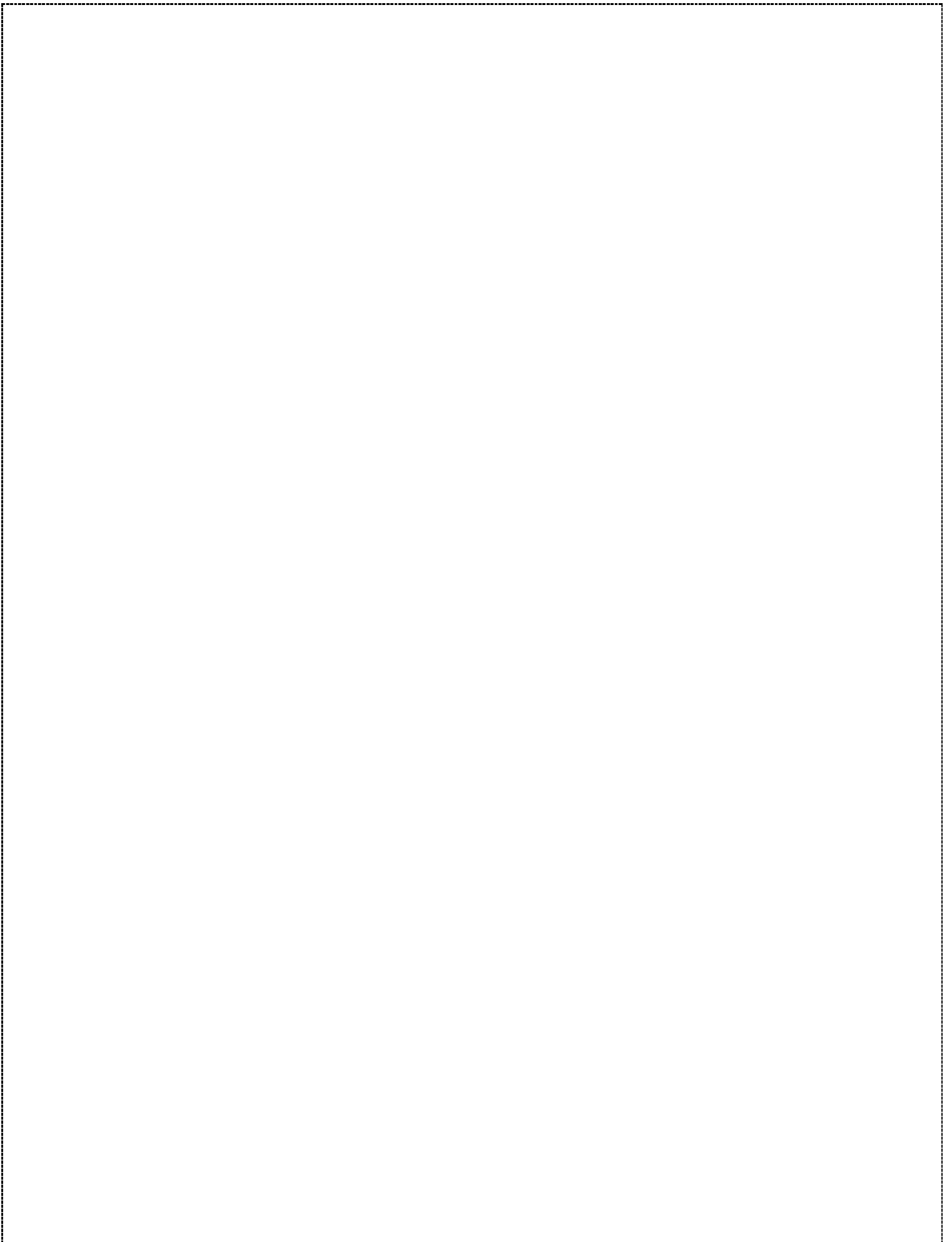
I, \_\_\_\_\_ authorize \_\_\_\_\_  
(Student Name) (Name ) (address)  
to release the information as asked for below. \_\_\_\_\_  
Student Signature Date

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**



**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: \_\_\_\_\_ Pnone ( \_\_\_\_\_ ) \_\_\_\_\_ 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.

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I, \_\_\_\_\_ authorize \_\_\_\_\_  
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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: \_\_\_\_\_