

Studio Beauty School Application

Applicant must mail to:

Application Committee
Studio Beauty School
10001 E. Sprague Ave.
Spokane Valley, WA 99206

or email to:

studiobeautyschool@gmail.com

the following items:

1. Completed Statement of Accuracy Form (see next page)
2. Letter of application addressed to the Application Committee
 - a. Letter from applicant containing a brief explanation of career goals, Biographical (background) information, and the reason you're choosing Studio Beauty School
 - b. Two letters of recommendation from choice of teacher, administrators, counselors, employers or individual with significant knowledge of applicants experience and involvement
3. A current photo or ID
4. Provide copy of High School Diploma or GED
5. Be Interviewed

Program you are Applying For:

_____ Cosmetology
_____ Manicuring
_____ Esthetics
_____ Instructor

Criteria:

Must be 17 yrs old

High school diploma or GED

Applicant must demonstrate the following:

Positive goals
Positive impact on community
Significant improvement or success

All these can be determined through 2 letters of recommendation

Studio Beauty School
ENROLLMENT FORM
STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge.

Signature of applicant: _____

Print Full
Name _____

Street _____

City _____ State _____ Zip _____

Phone Number _____ Email _____

Date: _____

Emergency Contact Information:

A) Name _____ Phone: _____
Relationship _____ Email _____

B) Name _____ Phone: _____
Relationship _____ Email _____

Please mail completed application to:

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