

Joseph's College

COSMETOLOGY & BARBERING

Application for Admission

Mail to:
Joseph's College-Corporate
Admission's Office
2637 O Street
Lincoln, NE 68510

All questions must be completed in order for application to be considered for acceptance.

Date of Application: _____

Class Start Date: _____

College Location (Circle One):

Lincoln Hastings Grand Island Omaha (Barbering Only) Kearney Beatrice Norfolk North Platte

Legal Name in Full: _____
Last First Middle (Full Name) (Maiden)

Marital Status: Single Divorced Married Separated as of _____
(Circle One)

Home Address: _____
Street City State Zip Code

Phone Number: _____ Cell #: _____

Email Address: _____ Driver's License #: _____

U.S. Citizen: Yes No If "No", Alien Registration Number: A- _____
(Circle One)

Date of Birth: _____ Age _____ Social Security #: _____

High School Attended/Attending: _____ Year of Graduation: _____

(If GED, Please note GED Program and Date Received): _____

Name of Parent, Guardian, Spouse, or Emergency Contact: _____

Address: _____
Street City State Zip Code

Home or Work (Day Phone Number) for Emergency Contact: _____

List Colleges you have previously attended:

College: _____

College: _____

Address: _____

Address: _____

Date(s) Attended: _____

Date(s) Attended: _____

If you attended a Cosmetology or Barbering School were you licensed? (Circle One) Yes No

If Not Licensed, Please note Date(s) of Attendance: Start: _____ Finish: _____

Clock Hours Earned in Previous Program (Cosmetology or Barbering): _____

Where do you plan to live while attending Joseph's? (Circle One): With Parent(s) Off Campus-Not With Parent(s)

Ethnic Category, Circle One: (Optional)

African American, Hispanic, Native American or Alaskan, Caucasian, Pacific Islander or Asian, Middle Eastern, Other

National Student Loan Database System Act:

(Please Initial and Date)

I hereby give permission to Joseph's College to release information regarding my enrollment to the National Student Loan Database System: _____

Have you ever received funding through any financial aid program (Circle One): Yes No

How did you hear about Joseph's? _____

I hereby certify the information included on this application for admission is true and correct to the best of my knowledge. An official school catalog will be issued to me pending my enrollment and acceptance.

Student Signature: _____

****The following items must be mailed with this application in order for application to be considered for acceptance:**

- Copy of Birth Certificate (Must be a registered copy, both legible and complete, with date and legal name)
- Copy of High School Diploma, GED, or High School Transcripts (6 Semester Transcript if currently in high school)
- Photo
- Marriage License (If currently or previously married)
- Criminal Record (If applicable)
- \$20 Application Fee

****Please note, your application will NOT be considered for admission if the above items are not enclosed with application.**

***Enrollment is limited.*