

ETHNIC CATEGORY (Optional)

African American _____

Hispanic _____

Native American or Alaskan _____

Caucasian _____

Pacific Island or Asian _____

Other _____

Is there any medical reason applicant would not be able to complete this course?

National Student Loan Database System Act-*Must Answer*****

Do you give permission to Joseph's College of Beauty/Barbering to release information regarding your enrollment to the NSLDS:

_____ Yes _____ No

Have you ever received funding under any financial aid program _____ YES _____ NO

I hereby certify the above information is true and correct to the best of my knowledge. An official school catalog has been issued to me prior to this application.

Student Signature _____

How did you hear about Joseph's? _____

Check list of items that must be sent to the admissions office at least 30 days prior to first day of attendance:

Send all items to: Admissions Office
Joseph's Colleges of Beauty
2637 O St.
Lincoln, Nebraska 68510

1. Copy of Birth Certificate--legible and complete with date and legal name.
2. 7 semester transcript.
3. Copy of High School Diploma or GED certificate.
4. Photo