

PLEASE SUBMIT THIS FORM ALONG WITH:

State Of Missouri Division of Professional Registration Student Enrollment Application
 Non-refundable \$100.00 application fee payable to Bloom Beauty Institute
 \$5.00 licensing fee payable to Missouri State Board of Cosmetology & Barber Examiners

EMAIL THE FOLLOWING TO: bloombeautyinstitute@gmail.com *include your name in subject line

- Proof of Education: High School Diploma, homeschooling certificate, GED or transcript
 Copy of Driver's License or Birth Certificate (proof of age)
- Two headshot style photos of yourself (2"x2" passport photos)

PERSONAL INFORMATION

Full Legal Name							
Preferred Name				Date (Of Birth		
Street Address					City		
State				Zip	o Code		
E-Mail				Ph	ione #		
Do you consen ema		-	g you via to and educa		-	Yes	No
Are you a US Cit	izen	Yes	No	G	ender	Femal	e Male
Have you ever b	een co	nvicted of	a felony?	Ye	S	No	
lf yes, please sum	marize t	he charges					

Allergies/Medical Conditions

Will any medical conditions impact your training? (If so, how)



EDUCATION

Which of the following have you earned? :

- High School Diploma
- GED (General Education Development certification)
- Homeschooling Program Certification

High School	City	
State	Zip Code	
Graduation Date	GPA	

List any other College/Training attended after high school :

School Name	City	
State	Zip Code	
Graduation Date	GPA	
Level of College Completed		

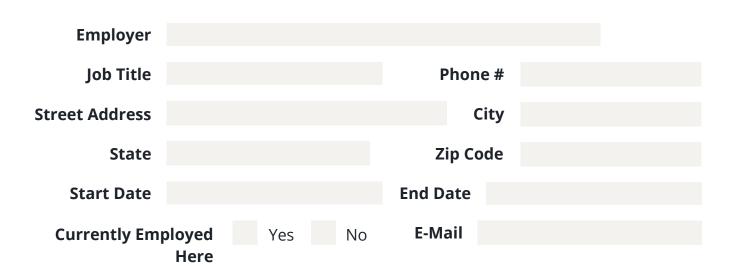
EMPLOYMENT

Current Employment Status (Select all that apply - leave blank if this does not apply to you)

Employed part-time	Unemployed Freelancer/Contracto Student	or Homemaker Military	Intern Volunteer Looking for work	Other
Employer				
Job Title		Phone #		
Street Address		City		
State		Zip Code		
Start Date		End Date		
Currently Employed Here	e Yes	No E-Mail		



EMPLOYMENT HISTORY



PERSONAL REFERENCES

Reference 1		
Name	Relationship	
Address	City	
State	Zip Code	
Email	Phone #	
Reference 2		
Name	Relationship	
Address	City	
State	Zip Code	
Email	Phone #	

THANK YOU FOR YOUR INFORMATION



EMERGENCY CONTACTS

Contact 1		
Name	Relationship	
Address	City	
State	Zip Code	
Email	Phone #	
Contact 2		
Name	Relationship	
Address	City	
State	Zip Code	
Email	Phone #	

Which program are you interested in attending?

Class CA - Hairdressing and Manicuring (Cosmetology)

Why are you interested in this program?

