



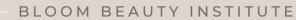
PLEASE SUBMIT THIS FORM ALONG WITH:

- State Of Missouri Division of Professional Registration Student Enrollment Application
- Non-refundable \$100.00 application fee payable to Bloom Beauty Institute
- \$7.00 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)

PERSONALINE	FORMATION				
Full Legal Name					
Preferred Name		Date Of Birth			
Street Address		City			
State		Zip Code			
E-Mail		Phone #			
Do you consent to us contacting you via text message or email for enrollment and education purposes? Yes					
Are you a US Citizen	Yes No	Gender	Female Male		
Have you ever been convicted of a felony? Yes No If yes, please summarize the charges					
Allergies/Medical Cor	ditions				
Will any medical cond	litions impact your tra	nining? (If so, how)			





EDUCATION						
Which of the following High School D GED (General Homeschooling	iploma Education [Developme	ent cer	tification)		
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						
EMPLOYME	NT					
Current Employment Status (Select all that apply - leave blank if this does not apply to you) Employed full-time Unemployed Retired Intern Employed part-time Freelancer/Contractor Homemaker Volunteer Other Self employed Student Military Looking for work						
Employer						
Job Title				Phone #		
Street Address				City		
State				Zip Code		
Start Date				End Date		
Currently Employed	l Here	Yes	No	E-Mail		

BLOOM BEAUTY INSTITUTE



EMPLOYN	MENT HISTORY		
Employer			
Job Title		Phone #	
Street Address		City	
State		Zip Code	
Start Date		End Date	
Currently Em	nployed Yes N Here	O E-Mail	
PERSONA	AL REFERENCES		
Reference 1			
Name		Relationship	
Address		City	
State		Zip Code	
Email		Phone #	
Reference 2			
Name		Relationship	
Address		City	
State		Zip Code	
Email		Phone #	





EMERG	ENCY	CONTACTS			
Contact 1					
Name			Relationship		
Address			City		
State			Zip Code		
Email			Phone #	ŧ	
Contact 2					
Name			Relationship		
Address			City		
State			Zip Code	•	
Email			Phone #	ŧ	
Which program are you interested in attending? Class CA - Hairdressing and Manicuring (Cosmetology) Why are you interested in this program?					
_	u hear ab	out us? (Select all		Facebook	Connellat
Google Website Flyer/Brock	nure	Business Card Email Career Fair	Friend/Family Educator/Staff At an Event	Facebook TikTok Instagram	Snapchat Other
Pleas	se Specify				
* A minimum of 1,500 required hours of training in a licensed school are required for completion of a Cosmetology Class CA program in the state of Missouri to be eligible to sit for exams administered by the Missouri State Board of Cosmetology and Barber Examiners.					
Applicant S	ignature				
Toda	ay's Date				