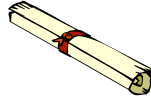

Merrell University of Beauty Arts and Science

1101 R. Southwest Blvd.
Jefferson City, MO 65109
(573) 635-4433



401 W. Reed. St.
Moberly, MO 65270
(660) 263-9600

APPLICATION FOR ADMISSIONS

(Please Print Legibly)

Name/Address Information:

Name: _____ S.S. #: _____
Last First M.I.

Permanent Address: _____
Street City State Zip Code

Current Address: _____
Street City State Zip Code

Telephone Number: _____ D.O.B.: ____ - ____ - ____ U.S. Citizen: Yes ____ No ____

Name of Person to contact in case of an emergency: _____

Relationship to You: _____ Telephone Number: _____

Course(s) of interest: Cosmetology _____ Esthetics _____ Manicuring _____ Instructor _____

Interested in cosmetology/manicuring/instructor training please choose a campus:

Moberly ____ Jefferson City ____

Date of scheduled course: _____
Month Day Year

How did you hear about Merrell University? _____

Education:

High School Attended: _____
Name Address

Year of Graduation: _____ OR G.E.D. Completion Date: _____

College/Vocational School Attended: _____
Name Address

Years Completed: _____ From: _____ To: _____
Month Day Year Month Day Year

If you attended college or vocational school, did you receive financial aid while attending? _____

Questions? Please call us or visit us at: www.merrelluniversity.edu

References: Please list three references.

1) Name: _____ Relationship to You: _____
Address: _____

Street City State Zip Code
Work Phone Number: _____ Home Phone Number: _____

2) Name: _____ Relationship to You: _____

Address: _____
Street City State Zip Code

Work Phone Number: _____ Home Phone Number: _____

3) Name: _____ Relationship to You: _____

Address: _____
Street City State Zip Code

Work Phone Number: _____ Home Phone Number: _____

Daycare Providers:

How many children do you have? _____ How many of your children attend daycare? _____

If applicable, please list all daycare providers (including care provider for Saturdays):

1) Business Name: _____
Name Address

Telephone Number: _____ Comments: _____

2) Business Name: _____
Name Address

Telephone Number: _____ Comments: _____

Financial Information:

How are you planning on paying your tuition (check all that apply)?

Cash _____ Pell Grant _____ Loans _____ Scholarships _____ Other (specify) _____

Has the FAFSA application already been completed? _____ If so, which year was completed? _____

In order to be eligible for student loans and grants, a Free Application for Federal Student Aid (FAFSA) must be completed. The FAFSA may be completed at www.fafsa.ed.gov.

(Merrell University's school code needed for the FAFSA application is 016911)

Questions? Please call us or visit us at: www.merrelluniversity.edu

Merrell University is mandated to maintain information for TITLE IV of the Civil Rights Act, therefore we ask for you to provide the following information.

OPTIONAL:

Age: _____ Sex: _____ Race: _____ Nationality: _____ # of Children: _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____ Separated _____

Maiden Name: _____ Previous Married Name: _____

Living with: Parent _____ Spouse _____ Self _____ Guardian _____ Friend _____ Relative _____

Before submitting your application, have you:

- Attached a Salon Evaluation Sheet?
- Attached a written response to one essay question?

I attest to the fact that all information given on this application is complete and correct and any omission or falsification will result in denial of admission or immediate dismissal.

I give my permission for a faculty member at Merrell to contact any of the above individuals/businesses to perform a background check on me, or regarding my admission and attendance at Merrell University.

If approved for admission, I agree to abide by all rules and regulations of the university.

Signature

Date

Questions? Please call us or visit us at: www.merrelluniversity.edu

Salon Evaluation Sheet:

Merrell University requests each applicant to document at least two prior visits to a salon, spa, or barbershop and one visit to another cosmetology school. If you haven't had the opportunity to visit a cosmetology school, please put N/A where applicable.

Please fill out and date the information provided below:

1) Salon (spa or barbershop) name: _____ Date Visited: _____

Salon (spa or barbershop) owner or representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Applicant Comments: _____

2) Salon (spa or barbershop) name: _____ Date Visited: _____

Salon (spa or barbershop) owner or representative: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Applicant Comments: _____

3) Cosmetology School: _____ Date Visited: _____

Address: _____ City: _____ State: _____ Zip: _____

Student Applicant Comments: _____

Questions? Please call us or visit us at: www.merrelluniversity.edu