

The Salon Professional Academy Fargo
4377 15th Avenue South, Fargo, ND 58103
www.tspafargo.com

ENROLLMENT APPLICATION

877.478.1772 Toll-Free

HOW TO APPLY

1. Complete this application by typing directly on this form. Click on the first line below to begin typing, then simply tab to the next information field to complete.
2. When finished save and email this application to the Academy. Please print or save a copy for your records. This application may also be printed and mailed or brought directly into the academy.
3. Have your high school and post-high school transcripts sent to the Academy address above.
4. Contact us to schedule an admissions interview meeting. During the meeting, information concerning curriculum, textbooks, kits, apparel code and career investment payment plans will be shared.
5. Sign the enrollment agreement and pay the enrollment fee.

GENERAL INFORMATION Please print a copy for your records

Course of study: Cosmetology Esthetics Nail Technology Massage Therapy

Name _____
First Middle Last

Address _____ City _____ State _____ Zip _____

Cell Phone (____) _____ Home Phone (____) _____ Email _____

Social Security Number _____ What is your citizenship? _____

List health conditions and allergies _____

In case of emergency notify

Name _____ Address _____ Phone _____

Parent Contact #1

Name _____ Address _____ Phone _____

Parent Contact #2

Name _____ Address _____ Phone _____

Personal Reference (not employer or relative)

Name _____ Address _____ Phone _____

EDUCATION

The Academy requires a high school diploma or G.E.D.

High School _____ City _____ State _____

Year Graduated _____ Grade Average _____

List all training/college attended since high school. Add additional pages as needed.

School _____ City _____ State _____

Graduation Date _____ Grade Average _____ Honors _____

EMPLOYMENT HISTORY Add additional pages as needed.

Employer _____ Address _____ Phone _____

Position _____ Start Date _____ End Date _____ Salary _____

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Position _____ Start Date _____ End Date _____ Salary _____

QUESTIONS

How did you hear about The Academy? _____

Why do you want to enter this career? _____

When would you like to start?

Cosmetology Month _____ Year _____

Esthetics Month _____ Year _____

Nail Technology Month _____ Year _____

Massage Therapy Month _____ Year _____

Have you ever been convicted of a felony? _____

Do you need any of the following while you attend school? (check all that apply)

- Financial Assistance/Aid
- Transportation
- Part-time work
- Housing

Do you wish to be employed right after graduation?

- Full-time
- Part-time
- Expected Salary? _____

I certify that all statements made in this application are complete and true. Save and email this form to the Academy Admissions Department. Thank you!

Signature _____ Date _____