

GARY MANUEL AVEDA INSTITUTE

First Name:	Last Name:	Today's Date:	
Social Security Number: (enrollment pur	poses only)		
What is your area of interest?	Cosmetology * Esthetics	Instructor Training	
*If Cosmetology please circle:	Left Handed Right Har	ded	
When would you like to start school?			
Present Address	City	State Zip	
Mailing Address	City	State Zip	
Home Phone:	Cell Phone:		
Email Address:			
In case of emergency, notify: Name	Address	Phone	
Educational Information			
High School Diploma 🗌 Yes 🦳 No	G.E.D. Yes No	College Degree Yes No	
Name of High School:		Year Graduated:	
Name of College:	Degree receive	ed: Year received:	
Name of Vocational Training:	Degree receive	ed: Year received:	

Employment Background

Name of last two or three employers and your job title:	
1.	
2.	
3.	
What skills or qualities do you currently have that will help you in your training?	

Prospective Student Information

Have you visited other schools? Yes No
If so, which ones? What did you like?
Do you plan on working while attending school? Yes No
If so, where?
Would you like information about housing options? Yes No
Would you like to be on our roommate referral list?
Would you like to find someone to carpool to school with? Yes
How did you hear about the Gary Manuel Aveda Institute?
If internet, which search engine did you use?
What words did you use to search?
Have you thought about the lifestyle adjustments you may have to make to meet the Institute's attendance and academic standards? What changes will you have to make?
How is your accessibility to school?
Are there any road blocks keeping you from enrolling soon? If so, what are they?
What is the next plan of action?

Please submit completed form to: Admissions Teams c/o Gary Manuel Aveda Institute 1514 Tenth Avenue Seattle, WA 98122