

Allgood Beauty Institute, LLC 8200 Stonebrook Pkwy. Suite 202 Frisco, TX 75034 469.252.1747

Application Fee: \$150.00 (non-refundable) Admission Application

Please complete the entire application.

Incomplete applications will delay acceptance decision

Name:							
Last Name		First	Name	M.I.	M	Maiden Name	
Social Security #:		DOB:		DL#:	Exp:	State:	
Mailing Address:							
Number & Street			City		State	Zip Code	
Permanent Address: Number & Street				City	State	Zip Code	
Phone Number:				Email:		·	
Gender: Ma		emale					
Nearest Relative:		Mother	Spouse	Guardian	Other		
Name	Addı	ess		City, State, Zip	Pho	ne Number	
Which best describes	s your applicatio	n status?	New	Transfer	Former ABI Stu	ıdent	
If transfer, what school? How many hours do you have?							
When would you like	to begin classes	s?					
Which program are y	ou interested in	?					
Which schedule are you interested in? 20 Hours per v			Hours per w	reek	30 Hours per we	eek	
Do you have reliable	transportation?	Yes	N	lo			
Do you work? Ye	s No	If	yes, where	& how many hou	ırs?		
Have you ever been	convicted of a fe	elony?	Yes	No			
If yes, explain:							
EDUCATION Please list the last high List all educational in				you left (i.e. Gradu	ate, Ged, Withdrev	v)	
Name of Institution, City, State From (Mo./Yr.) To (Mo./Yr.) Diploma /GED/Degree							
High School:							

Cosmetology School: _								
College: Do you have previous	Student Loans?	Yes	No	If yes, what is the bala	nce?			
Have you ever been suspended or dismissed from any high school, college or cosmetology school for academic attendance or disciplinary reasons? Yes No								
If yes, please explain:								
To provide the best education, please let us know if you have a IEP or Special Education needs so that we can make the necessary accommodations for your learning and State Board Exam.								
EMPLOYMENT & MILITARY HISTORY List your employment experience (including military service) for the past 12 months.								
Employer	Street Address		City, State, Zip		From (mo./yr) To (mo./yr.)			
Employer	Street Address		City, State, Zip		From (mo./yr.) TO (mo./yr.)			
Employer	Street Address		City, Sta	te, Zip	From (mo./Yr.) To (mo./yr.)			
Please answer the following questions. How did you hear about ABI and why did you choose it?								
Why will you be a grea	t student at ABI?							
What might prevent you from achieving excellent attendance and academic performance?								
What traits do you have that will help you succeed in the beauty industry?								
What are your short-te	rm goals?							

PLEASE LIST 3 CONTACT REFERENCES						
Name:	Relationship:					
Address:						
Phone #:	Email:					
Name:	Relationship:					
Address:						
Phone #:	Email:					
Name:	Relationship:					
Address:						
Phone #:	Email:					
ADMISSION APPLICATION POLICY						
All prospective students must complete the Admission Application.						
All applications will be reviewed by the Admissions Office and the Schools Director.						
Incomplete Admission Applications will not be considered for review.						
Texas Department of Licensing & Regulation (TDLR) criminal history review, potential ineligibility for license						
Applicants with a felony conviction or excessive student loans will be further reviewed by the Schools Director.						
Prospective students may be subject to random interviews by the Schools Director.						
Submitting an Admission Application does not guarantee admission.						
Submitting most current federal income tax return.						
Prospective students will be notified by phone of approval or denial of admission within 48 hours of submitting application.						
Allgood Beauty Institute LLC reserves the right to approve or deny any admission based on information gathered from the admission application or conversations with the prospective student or friends and family members of the prospective student.						
I certify to the best of my knowledge, the information given in this application is true. I understand any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application or dismissal from ABI is later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the Admissions Office at the time of my enrollment.						

Date:

Applicant Signature: _____