

World A Cuts Barber Institute

121 North George Street, York, PA 17401 • (717) 846-8711 • Fax (717) 846-8714

PLEASE COMPLETE FORM USING INK. BE SPECIFIC AND FILL IN ALL APPROPRIATE BLANKS. ALL INFORMATION GIVEN WILL BE HELD STRICTLY CONFIDENTIAL AND WILL ONLY BE USED IN ACCORDANCE WITH APPLICABLE REGULATIONS.

\$25 non-refundable application fee (must be paid at time of application) **Financial Aid is available to those who qualify!**

New Student
 Returning Student
 Full-Time
 Part-Time

Application for Admission

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Social Security No.: _____ Date of Birth: _____

Demographics (used for statistical purposes and not used to determine admission)

Gender: Male Female
 Ethnicity: Black (Non-Hispanic) American Indian/Alaskan Native
 White (Non-Hispanic) Asian or Pacific Islander Hispanic

Educational Background

High School: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Diploma: _____

College: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

GED/Other: _____ Address: _____
 From: _____ To: _____ Did you graduate? YES NO
 Degree: _____

Disclaimer and Signature

ALL APPLICANTS ARE REVIEWED WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, AGE, NATIONAL ORIGIN, DISABILITY, OR VETERAN STATUS. I hereby understand that any misrepresentation of information may result in denial of admission or dismissal.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
 (If student is under 18)