



World A Cuts Barber Institute
121 North George Street York, PA 17401
717-846-8711

Barber Institute

Application for Admission

PLEASE USE INK. PRINT AND COMPLETE FORM IN DETAIL. 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.

New Student

Full time

Returning Student

Part time

Student identification Number

- -

Applicant

Last Name	First Name	Middle Initial	Date of Birth
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Mail Address

Number	Street	Apt	
PO Box or Rural Route:			
City	State	Zip	Country

Telephone

Daytime	Evening	Cell
Email		

Demographics: *Used for statistical purposes only and not used to determine admission)*

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnicity:	<input type="checkbox"/> Black (Non - Hispanic)	<input type="checkbox"/> American Indian / Alaskan Native
	<input type="checkbox"/> White (Non - Hispanic)	<input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic

Educational Background: *Fill out completely*

Are you currently in high school?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, (enter date to graduate)	MM /YYYY
Did you graduate from high school?	<input type="checkbox"/> No, (enter last grade and date completed)	<input type="checkbox"/> Yes, (enter date graduated)	Last Grade MM /YYYY
Name of High School	State		
Did you earn your G.E.D?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, (enter date earned)	MM /YYYY

Post – Secondary School / College / University: *List in order*

Name of College	State	Degree earned	From	To
When do you plan to attend World A Cuts Institute?				Year

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 of applicant

Date

Signature of Parent or Guardian
(If student is under 18 years old.)

Date