World A Cuts Barber Institute

121 North George Street York, PA 17401
717-846-8711

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 CONFIDENTAL 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

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: ☐ Male ☐ Female

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

Educational Background: *Fill out completely*

Are you currently in high school?

☐ No ☐ Yes, (enter date to graduate) **MM /YYYY** ____ ____

Did you graduate from high school?

☐ No, (enter last grade and date completed) ☐ Yes, (enter date graduated) **Last Grade** ____ **MM /YYYY** ____ ____

Name of High School **State**

Did you earn your G.E.D?

☐ No ☐ 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 **Date**
(If student is under 18 years old.)

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