

APPLICATION FORM

Name _____

Address _____

City _____ State _____ Zip _____

Birthday _____ Soc.Sec# _____ / _____ / _____

Male _____ Female _____

Single _____ Married _____

Telephone _____

Are you a High School Graduate? YES _____ NO _____ GED _____

Name of High School _____

Year of Graduation _____

PLEASE ENROLL ME IN THE CLASS BEGINNING

January _____ March _____ June _____ September _____

Have you attended any colleges/proprietary schools in the last 5 years?

If yes please list them _____

I have enclosed \$100.00 with this application, & understand that if a cancellation is made in writing within 10 days of the starting date for classes in which I have enrolled, I am entitled to a full refund. But if I make cancellation after 10 days my application fee will be lost. (Cancellation date is the post mark date on the cancellation letter.)

Signature _____

Date _____

Send Application to
Evans Hairstyling College
955 E. Tabernacle
St. George, Utah 84770
(435) 673-6128