



HOWARD COLLEGE – OFFICE OF FINANCIAL AID COSMETOLOGY APPLICATION

APPLICANT INFORMATION *(Please type or print clearly)*

Name _____ SSN _____ - _____ - _____

Permanent Mailing Address _____

City, State, Zip _____

Email Address _____

Home Phone (with area code) _____ Cell Phone (with area code) _____

HOWARD COLLEGE ADMISSION INFORMATION

Have you applied for admission to Howard College? Yes No

Have you attended school anywhere else? Yes No If yes, please list school(s): _____

Have you clocked any Cosmetology hours? Yes No If yes, how many? _____

When do you plan to enroll at Howard College? _____ (Semester and Year)

Have you completed your FAFSA (Free Application for Federal Student Aid)? Yes No

What program will you be enrolled in (check only one)?

- | |
|---|
| <p>BIG SPRING CAMPUS</p> <ul style="list-style-type: none"> <input type="radio"/> Full Cosmetology Program <input type="radio"/> Nail Tech <input type="radio"/> Esthetician (Facial) <input type="radio"/> Instructor Program |
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- | |
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| <p>SAN ANGELO CAMPUS</p> <ul style="list-style-type: none"> <input type="radio"/> Full Cosmetology Program <input type="radio"/> Instructor Program |
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STUDENT CERTIFICATION

My signature below certifies that the information provided in this application is accurate and complete to the best of my knowledge.

Signature _____ Date _____

OFFICE USE ONLY	
Student ID _____	Term/Semester _____