



N O R M A L

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BASIC APPLICATION FOR ENROLLMENT AT THE SCHOOL

(PLEASE USE BLOCK CAPITALS)

Name: Street Address: City/State: Zip: Email: Home Telephone: Daytime Telephone: Date of Birth: United States Citizen: Social Security Number: Education High School: City/State: College: Years: Degrees: Nearest Relation: Relationship: Address: City/State/Zip: Home Telephone: Daytime Telephone:

PLEASE CHECK WHICH OF THE FOLLOWING YOU ARE INTERESTED IN:

- Hairdresser Instructor Skin Care Therapist Full-time day school (35 hours per week) Night School (Monday - Thursday 5:00 -10:00 / 20 hours per week) Transfer student from another cosmetology school --- Number of hours needed: Information and help with housing Information and help with financial assistance

How soon are you interested in getting started?

Who told you that PAUL MITCHELL THE SCHOOL is a cool place?

Do you need cutting shears for your Left Hand Right Hand?

List three people who have tried to talk you out of your fantasy of becoming a hairdresser (first names only!): 1. 2. 3.

List three people who think that you're cool for wanting to become a hairdresser: 1. 2. 3.

JUST FOR FUN: On a separate sheet of paper, please describe yourself in 200 words or less. List any future goals, achievements, hobbies, or habits (good or bad - we are an equal opportunity, non-judgmental organization!) If you want to open up, feel free. If you find it difficult to express yourself with words, you may draw yourself as well.

TO FINALIAZE YOUR APPLICATION, PLEASE SUBMIT THE FOLLOWING:

- The completed application form. A \$75.00 non-refundable evaluation fee for admission processing. Two (2) head-and shoulder pictures of yourself. (For stateboard purposes) A photocopy of your high-school diploma or G.E.D certificate. A copy of your driver's license or birth certificate.