

**ROBERTS' SCHOOL OF COSMETOLOGY**  
**2415 FAIRBURN ROAD, S.W.**  
**ATLANTA, GEORGIA 30332**  
[rscbeautyschool.com](http://rscbeautyschool.com)

**APPLICATION FOR ADMISSION**

**PRINT APPLICATION AND MAIL WITH YOUR APPLICATION FEE**

1. Name \_\_\_\_\_ Birth Date \_\_\_\_\_

2. Present Address

\_\_\_\_\_  
\_\_\_\_\_

3. Previous Address

\_\_\_\_\_  
\_\_\_\_\_

4. Social Security # \_\_\_\_\_ Sex: M F Race: \_\_\_\_\_

Marital Status: ( ) I am not married ( ) I am married ( ) I am separated # of Children \_\_\_\_\_

5. Parent(s)/Guardian(s):

Father's or Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
City State Zip Telephone#

Mother's or Guardian's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

City

State

Zip

Telephone#

6. In case of emergency notify

Name: \_\_\_\_\_

Address \_\_\_\_\_ Telephone# \_\_\_\_\_

7. Are you 18 years of age or older? Yes ( ) No ( )

8. Are you employed? Yes ( ) No ( ) If so, may we inquire of your present employer? \_\_\_\_\_

\_\_\_\_\_

Name of Employer/Supervisor

Telephone #

9. Please list the name, address and telephone number for former employer(s) beginning with the last one first:

a. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

b. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

c. \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Do you have any beauty salon training? Yes ( ) No ( ) If so, what type? \_\_\_\_\_

\_\_\_\_\_

10. References: Give the name of three persons not related to you, whom you have known at least one year.

a. Name \_\_\_\_\_ Telephone# \_\_\_\_\_

b. Name \_\_\_\_\_ Telephone# \_\_\_\_\_

c. Name \_\_\_\_\_ Telephone# \_\_\_\_\_

11. Education:

Grammar \_\_\_\_\_ From/To \_\_\_\_\_ Did you graduate? Yes ( ) No ( )

High School \_\_\_\_\_ From/To \_\_\_\_\_ Did you graduate? Yes ( ) No ( )

College \_\_\_\_\_ From/To \_\_\_\_\_ Did you graduate? Yes ( ) No ( )

Trade/Business or Correspondence School

\_\_\_\_\_ From/To \_\_\_\_\_ Did you graduate? Yes ( ) No ( )

12. What term do you plan to enter? Fall ( ) Winter ( ) Spring ( ) Summer ( ) Class Date \_\_\_\_\_

13. Will you be a full-time or part-time student? Full-time ( ) Part-time ( )

14. What is your intended major? ( ) Esthetics ( ) Manicuring ( ) Master Cosmetology

15. Will you apply for financial aid? Yes ( ) No ( )

16. If transferring from another beauty school, list school:

School	Address	Hours Accumulated	Name of
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17. List names and relatives attending RSC: \_\_\_\_\_

18. Is there any reason why you may not be able to perform all duties involved with the courses? If yes please explain:

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19. List your extra-curricular activities: (Leadership position(s), honors, hobbies and/or interests, etc.)

**If you are applying for a student loan or grant and live with your parent(s) or legal guardian(s), please fill in this section:**

Parents' marital status: ( ) Married ( ) Unmarried ( ) Separated ( ) Divorced

Number of children living in household under 18 years of age \_\_\_\_\_

Number of college students \_\_\_\_\_

Have you ever received any student loan or grant? Yes ( ) No ( )

If your answer is yes, please explain:

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**If you are married and applying for a student loan or grant please fill in this section:**

Number of family members \_\_\_\_\_ Number of college students \_\_\_\_\_

Total household income for past two years: 20\_\_\_\_ 20\_\_\_\_

Have you received any student loan or grant? Yes ( ) No ( )

If your answer is yes, please explain: \_\_\_\_\_

**CREDIT APPLICATION:**

Do you rent, or are you a homeowner at your present address? \_\_\_\_\_

Give name of lease or mortgage holder. \_\_\_\_\_

**BANK REFERENCE (SHOW ALL BANK ACCOUNT NUMBERS)**

**BRANCH-ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIST CURRENT ACTIVE CREDIT CARDS AND ACCOUNTS (SHOW ALL ACCOUNT NUMBERS)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct to the best of my knowledge. I understand that withholding information or giving false information may make me ineligible for admission to RSC.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

**DO NOT WRITE BELOW THIS LINE**

Interviewed by: \_\_\_\_\_ Date \_\_\_\_\_

Enrolled: ( ) Yes ( ) No

Date Reporting \_\_\_\_\_

Deposit amount \_\_\_\_\_

Limitations/Comments: \_\_\_\_\_