



# NEW CASTLE BEAUTY ACADEMY

314 E. Washington St., New Castle, PA 16101

(724) 654-6611 • (724) 654-8011 Fax

[ncbsdiretor@beautyacademies.net](mailto:ncbsdiretor@beautyacademies.net)

## Admission Application

Please complete and submit the application via mail, fax, email or in person. Incomplete or inaccurate applications may delay the decision process on your acceptance. This application will become a permanent part of your student file.

Name: \_\_\_\_\_  
First Middle Initial Last Suffix

Mailing Address: \_\_\_\_\_  
Street Number or PO Box Street Name City State Zip

Permanent Address: \_\_\_\_\_  
(If different) Street Number or PO Box Street Name City State Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Mobile  Home  Business

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status:  Single  Married  Separated  Divorced  Widowed

Which best describes your application status?  New Applicant  Former Student  Transfer

If Transfer, from where? \_\_\_\_\_ How many hours do you currently have? \_\_\_\_\_

When would you like to begin classes? \_\_\_\_\_ Is this date flexible?  Yes  No  
(MM/YY)

Which program are you interested in?  Cosmetology  Esthetician  Nail Technician  Teacher Training

Do you plan to be:  Full-Time  Part-Time (Note: Cosmetology courses are only on a Full-Time basis.)

If Part-Time, which daily schedule are you interested in?  Monday  Tuesday  Wednesday  Thursday  Friday

Do you have reliable transportation?  Yes  No

List the last High School you attended and all other educational institutions you have or are currently attending.

	Name of Institution, City, State	From (MM/YY)	To (MM/YY)	Diploma/GED/Degree
High School:				
Cosmetology School:				
Trade School or College:				

Have you been suspended or dismissed from any cosmetology school or college for academic, attendance or disciplinary reasons?

Yes  No If yes, explain: \_\_\_\_\_

**Employment and Military History** (List your employment experience including any military service for the last 12 months.)

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Employer	City, State	Employed From: (MM/YY)	To: (MM/YY)
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Employer	City, State	Employed From: (MM/YY)	To: (MM/YY)
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Employer	City, State	Employed From: (MM/YY)	To: (MM/YY)
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Do you plan on working while you attend school?  Yes  No

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For Cosmetology and Teacher Training students only: Have you ever or will you be applying for financial aid?  Yes  No  
If yes, please visit <https://studentaid.gov/> to complete or update FAFSA information. Our school ID is **017146**.

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How did you hear about New Castle Beauty Academy? \_\_\_\_\_

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- All applications received will be reviewed by the Academy and submission does not guarantee approval.
  - All prospective students must complete an in-person interview with the Academy Director.
  - Prospective students will be notified by phone of their application's acceptance or denial. In the event we cannot reach you by phone, we will notify you by email, or if not provided, by mailing a letter to the address provided on the application.
  - All students must meet certain age and prior education requirements based on the course selected. Proof of age and prior education must be submitted to the school upon enrollment.

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**I certify that to the best of my knowledge, the information given in this application is true and correct. I understand that any omission or misrepresentation of facts may be cause for refusal of admission, cancellation of enrollment, or dismissal from the Academy if discovered at a later date. If accepted for admission, I understand that it is my responsibility to provide all necessary credentials and down payment to the Academy concurrent with my enrollment.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Reserved for Office Use

Date Application Received: \_\_\_\_\_

Received By: \_\_\_\_\_