

## APPLICATION FOR ADMISSION

(Please Print Legibly)

Name	/Address	Info	rmation:
I Tallic	/ IIuuI Coo	11110	

Name:		S.S. :	#:		
Last	First	M.I.			
Permanent Address:					
Street		City	State	Zip Code	
Current Address:					
Street		City	State	Zip Code	
E-mail Address					
Telephone Number:	D.O.B.:		U.S. Citizen: Ye	s No	
Name of person to contac	t in case of an emergency:				
Relationship to you:		Telephone N	lumber:		
Please check course(s) of it	0,		cs : tor Training:		
Note: If you're not sure	about the start date please	fill in Spring,	Summer, Fall or Wi	inter and Year	
Preferred start date:					
	Month	Day	Year		
How did you hear about M	Ierrell University?				
Education:					
High School Attended:Na			dress		
Year of Graduation:	OR	G.E.D. Completion Date:			
College/Vocational School	l Attended:				
<i>3</i> ,	Name		Address		
Years Completed:	From:		To:		
•	Month	Day	Year Month	Day Year	
If you attended college or Que	vocational school, did you stions? Please call us or vi			~	

1) Name:	Relationship to You:				
Address:					
Street	City	State	Zip Code		
Work Phone Number:	Home Phone Nu	mber:			
2) Name:	Relationship to You:				
Address:					
Street	City		Zip Code		
Work Phone Number:	Home Phone Nu	mber:			
3) Name:	Relationship	to You:			
Address:					
Street	City		Zip Code		
Work Phone Number:	Home Phone Nu	mber:			
Davcare Providers:					
•					
·	How many of your ch	ildren attend d	aycare?		
How many children do you have? _	, ,		•		
How many children do you have? _ If applicable, please list all daycare 1	providers (including care provider		•		
How many children do you have? _ If applicable, please list all daycare 1  1) Business Name:	providers (including care provider	for Saturdays)	•		
How many children do you have? _ If applicable, please list all daycare 1  1) Business Name:	providers (including care provider	for Saturdays	):		
How many children do you have? _ If applicable, please list all daycare 1  1) Business Name:	providers (including care provider	for Saturdays	):		
Telephone Number:	oroviders (including care provider  Address  Comments:	for Saturdays)	):		
How many children do you have? _  If applicable, please list all daycare p  1) Business Name:  Name  Telephone Number:  2) Business Name:  Name	oroviders (including care provider  Address  Address	for Saturdays)	):		
How many children do you have? _ If applicable, please list all daycare p  1) Business Name: Name Telephone Number:	oroviders (including care provider  Address  Address	for Saturdays)	):		
How many children do you have? _  If applicable, please list all daycare p  1) Business Name:	oroviders (including care provider  Address  Address	for Saturdays)	):		
How many children do you have? _ If applicable, please list all daycare p  1) Business Name: Name  Telephone Number:  2) Business Name:	Address Comments: Address Comments:	for Saturdays)	):		
How many children do you have? _  If applicable, please list all daycare pure share.  1) Business Name:  Name  Telephone Number:  Name  Telephone Number:  Telephone Number:  Financial Information:	Address Comments:  Comments:  Address Comments:  Address Address Comments:	for Saturdays)	):		
How many children do you have? _  If applicable, please list all daycare p  1) Business Name: Name  Telephone Number: Name  Telephone Number: Financial Information:  How are you planning on paying you	Address Comments:  Comments:  Address  Address  Address  Comments:  Comments:	for Saturdays)	pecify):		

be completed. The FAFSA may be completed at <a href="https://www.fafsa.ed.gov">www.fafsa.ed.gov</a>.

(Merrell University's school code needed for the FAFSA application is 016911)

Merrell University is mandated to maintain information for TITLE IV of the Civil Rights Act, therefore we ask for you to provide the following information.

OPTIONAL:					
Age: Sex:	Race:	Nationality:	# oi	f Children:	_
Marital Status: Single	Married	_ Divorced	_ Widowed	Separated	_
Maiden Name:	Pre	vious Married Nar	ne:		_
Living with: Parent	Spouse Self _	Guardian _	Friend	Relative	_
					_
I attest to the fact that all falsification will result in d	0	* *		correct and any omi	ssion or
I give my permission for a perform a background che	•		•		
If approved for admission	, I agree to abide by	y all rules and regu	lations of the U	niversity.	
Signature			Dai	te	_
(I understand that typing	my name here is the	he same as a sigi			

## **Essay Questions:**

Merrell University requires each applicant to answer ONE essay question, consisting of at least 250 words. Please choose from the list below.

- What made you take interest in a career in Cosmetology, Esthetics, or Manicuring?
- What is your definition of "professionalism", and how is it important to this occupation?
- Do you have good work habits and are you able to handle constructive criticism?
- How would you describe your personality and how will it benefit you in this profession?
- What are your goals and expectations after you graduate from Merrell University?