



AVEDA INSTITUTE  
LAS VEGAS

<b>For Office Use Only</b>	
Test _____	Date _____
Date accepted _____	
Diploma _____	
Letter of Recommendation _____	
Drivers License _____	
Social Security Card _____	
Letter of Intent _____	
Portfolio _____	
Tour _____	
Enrollment Date _____	

## Enrollment Application

### Personal Information

Full Legal Name (Last, First, Middle)		Daytime Phone Number	
Former Name (if different than above)		Evening Phone Number	
Mailing Address: Street	City	State	Zip
Permanent Address (if different than above)			
Social Security Number		Email Address	

### Residency Information

Are you a US Citizen? Circle One Yes                  No	If no, what type of Visa (i.e. permanent resident, immigrant, refugee, F-1)		
Country of Birth	Alien Registration Number (if any)		
State in which you claim legal residency		How Long have you been a resident?	
Do you plan on returning to that state after completion of this program? (Circle One)			Yes          No

### Education Plans

Cosmetology      Esthiology (Check One Box Please)		Date you are planning to attend school 1st Choice _____ 2nd Choice _____	
Have you ever attended an Aveda Institute? (circle one) Yes                  No	Program Attended and Start Date		
How did you hear about the Aveda Institute Las Vegas?			
Will you be applying for Financial Aid? (circle One)	Yes	No	
Will you be applying for Student Loans? Circle One	Yes	No	

### Educational Background

Name of High School/Colleges attended	City/State	Graduation Date	Area of Study

**Personal History**

List any information below that you want the Aveda Institute Las Vegas to know about you?

Empty text area for personal history information.

**Please submit all of the following admissions requirements with the enrollment application. Once received and reviewed a representative will be in contact with you.**

**A Fully Completed Application Form**

**A Non-Refundable \$75.00 Application Fee**

**An Official High School Transcript or a Copy of your Diploma/Copy of your GED Certificate**

**A letter of recommendation from someone who is not a family member** (letter must be typed, please have individual writing the letter include their name, address, phone and relation)

**Copy of your Driver's License**

**Copy of your Social Security Card**

**Please use the following questions as a guide for your letter of intent:**

**(Must Be Typed)**

What inspires you to educate yourself in this profession?

What is your future goal?

Who inspires you to be the person you are today and why?

Why did you chose the Aveda Institute Las Vegas?

**Magazine Portfolio** (see attached directions)

NOTE: After completing the following requirements you must take and pass a Basic Skills Exam

**Student Certification**

I certify that the information I have provided for admissions to the Aveda Institute Las Vegas is complete and accurate to the best of my knowledge. I understand that misrepresentation of information is sufficient grounds for canceling admission to Aveda Institute Las Vegas.

Applicant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

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Notes/ Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_