



**AVEDA INSTITUTE
LAS VEGAS**

Enrollment Application

For Office Use Only	
Test _____	Date _____
Date accepted _____	
Diploma	<input type="checkbox"/>
Letter of Recommendation	<input type="checkbox"/>
Drivers License	<input type="checkbox"/>
Letter of Intent	<input type="checkbox"/>
Application fee	<input type="checkbox"/>
Enrollment Date _____	

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		E-mail 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 Nail Esthetics <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Please Check One Box)	Date you are planning to start 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 Aveda Institute Las Vegas?	
Will you be applying for Financing? (circle one)	Yes No
Will you be setting up payments through the school? (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 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 Enrollment Application
- A Non-Refundable \$25.00 Application Fee
- 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)
- A letter of intent.

Please write on ONE of the following topics: (letter must be typed)

1. Discuss a meaningful event, personal or educational experience that has made a major impact on your life and explain why.

OR

2. Describe your personal goals and dreams and how Aveda Institute Las Vegas would contribute to making them a reality.

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: _____

