



# ESTHETICIAN SCHOOL OF MONTANA

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## APPLICATION FOR ADMISSION TO THE ESTHETICIAN PROGRAM

To demonstrate your fulfillment of all of the requirements for admission to our program, you must complete this application form and provide several additional items, as follows:

### 1. Transcripts:

- If you have attended one or more community colleges or 4-year colleges or universities, and if you have completed a minimum of 60 semester credit hours, contact the college(s) you have attended, and request that official transcripts be sent directly to Health Works Institute.
- If you have not completed a minimum of 60 credit hours of college education, contact the high school from which you graduated, and request that an official transcript be sent directly to Health Works Institute.
- If you have received a GED and have not graduated from high school, you must contact the agency in your state that grants GEDs and request that an official GED certificate be mailed directly to Health Works Institute.
- If you are requesting credit for prior learning, you must contact the institution where you took the course(s), and arrange for an official transcript to be mailed directly to the school.

### 2. Two letters of reference

which can be enclosed with your application, mailed or faxed to the school, or emailed to [info@estheticschoolofmontana.com](mailto:info@estheticschoolofmontana.com) by the letter writers. Please ask the letter writers to:

- include your first and last name at the top of the letter
- describe your work abilities and personal qualities
- comment on your choice of Esthetics as an occupation.

### 3. \$25 application fee

paid by check, money order, or credit card.

\_\_\_ I have enclosed a check or money order made payable to Health Works Institute.

Visa    MasterCard    Discover    AmEx   Credit Card # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Expiration Date: \_\_\_\_\_   Signature: \_\_\_\_\_

### 4. Answers to the following questions.

Each answer must be a **minimum** of one half of a page in length.

- Why are you interested in becoming an esthetician?
- What skills and characteristics do you possess that will make you a good esthetician?
- In what kind of setting do you intend to practice esthetics, and what kind of clients would you like to serve?
- Describe one of your life experiences & explain how it has affected who you are & how you live your life.
- Describe in detail your plan for meeting your financial obligations to the school.

**5. Financial aid** Federal financial aid is not available for this program. If you do not have the funds to cover all of the costs listed above, you will need to obtain a **personal** loan from a bank, credit union, friend, or family member. Payment by credit card is also acceptable. All costs need to be paid prior to graduation from the program.



**EDUCATION**

School Name and School City and State	Period of Attendance <b>From</b> <b>To</b> month/year   month/year	Major or Type of Program	Diploma, Degree or Certificate Awarded
Name, city and state of high school:			
Name, city and state of vocational school:			
Name, city and state of college or university:			
Name, city and state of college or university:			
Name, city and state of other institution:			

Date of Successful Completion of GED Exam: \_\_\_\_\_

Do you wish to request credit for prior learning?                      \_\_\_ Yes                      \_\_\_ No

Branch and dates of military service \_\_\_\_\_

**WORK EXPERIENCE** - begin with your current or most recent position

Name of Employer	City and State	Title and Description of Position Held	Period of Employment <b>From</b> <b>To</b> month/year   month/year

Have you ever been convicted of a felony or a misdemeanor (other than minor traffic offenses)?  Yes  No

Approximately how many professional skin care treatments have you received? \_\_\_\_\_

How long ago did you first consider becoming an esthetician? \_\_\_\_\_ years OR \_\_\_\_\_ months ago.

Have you ever received counseling or psychiatric care?  Yes  No

Please check if you have had or are currently experiencing any of the following:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Alcoholism              | <input type="checkbox"/> Disorders of the spine, spinal cord or joints | <input type="checkbox"/> Hypo- or Hyper-Thyroidism | <input type="checkbox"/> Other injuries  |
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Drug Allergies                                | <input type="checkbox"/> Impetigo                  | <input type="checkbox"/> Seizures  |
| <input type="checkbox"/> Asthma                  | <input type="checkbox"/> Drug Dependence                               | <input type="checkbox"/> Insomnia                  | <input type="checkbox"/> Shingles (herpes zoster)                                      |
| <input type="checkbox"/> Athletes Foot           | <input type="checkbox"/> Endometriosis                                 | <input type="checkbox"/> Intestinal Disorder       | <input type="checkbox"/> Skin condition caused by staphylococcus infection (boils)     |
| <input type="checkbox"/> Blood Clots             | <input type="checkbox"/> Fibromyalgia                                  | <input type="checkbox"/> Kidney Disease            | <input type="checkbox"/> Skin condition caused by streptococcal infection (erysipelas) |
| <input type="checkbox"/> Broken bone(s)          | <input type="checkbox"/> Food Allergies                                | <input type="checkbox"/> Low Blood Pressure**      | <input type="checkbox"/> Sprains/Strains   |
| <input type="checkbox"/> Cancer                  | <input type="checkbox"/> Heart Condition                               | <input type="checkbox"/> Lupus                     | <input type="checkbox"/> Tuberculosis  |
| <input type="checkbox"/> Car or other accident   | <input type="checkbox"/> Hemophilia                                    | <input type="checkbox"/> Migraines                 | <input type="checkbox"/> Uterine Fibroids  |
| <input type="checkbox"/> Carpal Tunnel Syndrome  | <input type="checkbox"/> Hepatitis B                                   | <input type="checkbox"/> Mites or lice             | <input type="checkbox"/> Warts   |
| <input type="checkbox"/> Chronic sinus infection | <input type="checkbox"/> Herpes Simplex                                | <input type="checkbox"/> Mononucleosis             |  |
| <input type="checkbox"/> Cysts                   | <input type="checkbox"/> High Blood Pressure**                         | <input type="checkbox"/> Osteoporosis              |  |
| <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Hormonal imbalance                            | <input type="checkbox"/> Other fungal infection    |  |

Any other condition(s): \_\_\_\_\_

If you have abnormally high or low Blood Pressure, provide your most recent blood pressure reading \_\_\_\_\_

Is it possible that you are currently pregnant?  Yes  No If yes, when is your due date? \_\_\_\_\_

Current Medications, herbs and/or supplements: \_\_\_\_\_

Are you currently under a doctor's care?  Yes  No If yes, what is your diagnosis? \_\_\_\_\_

Do you believe that you are currently free of conditions and diseases that could easily be transmitted to others by giving or receiving skin care treatments?  Yes  No  
(By asking this question, Health Works Institute does not intend to require you to divulge your HIV status.)

Do you believe that you are currently physically capable of performing skin care?  Yes  No

**I hereby certify that to the best of my knowledge, the information furnished on this application is true and complete without evasion or misrepresentation. I understand that if found otherwise, it is sufficient cause for rejection or dismissal. I authorize the school to make appropriate inquiries when necessary to certify the accuracy of my records.**

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

How did you hear about the school? \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date application received \_\_\_\_\_ App. Fee paid by  check  money order  cash  credit card  
 Transcript or GED  Essays  1st letter  2nd letter