



**IMAGE MAKER**  
BEAUTY INSTITUTE

139 Maple Row Blvd., Suite 208  
**HENDERSONVILLE, TENNESSEE 37075**  
[www.ImageMakerBeauty.com](http://www.ImageMakerBeauty.com)  
615-822-6141

**APPLICATION FOR ADMISSION**

*Revised 11-7-16*

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Last) (First) (MI)

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

**Numbers of Contact:** Cell \_\_\_\_\_ Home \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ @ \_\_\_\_\_

**Highest Education Level:** High School \_\_\_\_\_ GED \_\_\_\_\_ Some College \_\_\_\_\_  
Associates \_\_\_\_\_ Bachelor \_\_\_\_\_ Other \_\_\_\_\_

**Do you have transfer hours from another Cosmetology School?** Yes \_\_\_\_\_ No \_\_\_\_\_

**If Yes, how many hours to transfer?** \_\_\_\_\_ Image Maker Beauty Institute does accept up to 750 transfer hours, however it is the responsibility of the students to ensure the transfer of those hours.

**Where did you earn your hours?** \_\_\_\_\_  
(Previous School Name)

\_\_\_\_\_  
(Street Address) (City) (State) (Zip)

**When would you like to begin training?** \_\_\_\_\_

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