



**Circle of Love Academy**  
409 Stanley Chapel Church Road  
Dudley, NC 28333 (919) 299 - 4316

**INSTRUCTIONS:**

Type or print in ink, respond to all questions completely, use your legal name, and return completed application to the Admissions Office. There is no charge to apply.

**GENERAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Former Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County of legal residence

(If out of N.C., list state or foreign country)

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Home ( \_\_\_\_\_ ) \_\_\_\_\_ Business ( \_\_\_\_\_ ) \_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex:  Male  Female

E-mail Address: \_\_\_\_\_

Ethnicity:  Hispanic/Latino  Not Hispanic/Latino

Race:(check one or more)

American Indian or Alaska Native  Asian  Black or African American  Native

Hawaiian or other Pacific Islander  White

**ENROLLMENT INFORMATION**

U.S. Citizen  Yes  No If no, what country? \_\_\_\_\_

Citizenship  U.S. Citizen  
 Permanent Resident Alien  
 Refugee  
 Asylee  
 Non U.S. Citizen  
 Undocumented

If not a U.S. Citizen, complete the following:

Resident Alien Card Number: \_\_\_\_\_

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Non Immigrant Visa Type: \_\_\_\_\_

Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Entry Year 20\_\_\_\_ and Semester  Fall  Spring  Summer  
Attendance  Full-time  Part-time  Day  Evening

Program title for which you are applying:

- |  |   |                               |
|--|---|-------------------------------|
| <input type="checkbox"/> Traditional Cosmetology | <input type="checkbox"/> Hybrid Cosmetology | Cosmetology Teacher Trainee   |
| <input type="checkbox"/> Traditional Esthetics   | <input type="checkbox"/> Hybrid Esthetics   | Traditional Natural Hair Care |
| <input type="checkbox"/> Traditional Manicuring  | <input type="checkbox"/> Hybrid Manicuring  | Hybrid Natural Hair Care      |

**RESIDENCY**

Are you a North Carolina resident?  Yes  No

If yes, what is your county of residence? \_\_\_\_\_

In what state do you pay State Income tax? \_\_\_\_\_

Enter your drivers license number \_\_\_\_\_

In what state was your drivers license issued? \_\_\_\_\_

Have you lived in N.C. for at least twelve (12) months?

Yes  No

If NO, where else have you lived in the past (12) months?

Are you Active Duty Military or a Military Dependent?

Active Duty Military  Military Dependent  Neither

**EDUCATION INFORMATION**

High School last attended \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

Yes, I Graduated

Graduation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

No, I did not Graduate

Last date of attendance: \_\_\_\_/\_\_\_\_/\_\_\_\_

No, still enrolled

Expected Graduation: \_\_\_\_/\_\_\_\_/\_\_\_\_

I earned  GED  Adult High School Diploma at:

School Name \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date completed: \_\_\_\_/\_\_\_\_/\_\_\_\_

What type of high school courses did you take?

College Prep  Tech Prep  General/Career Prep

Highest educational level completed (check one)

8  9  10  11  12  GED  13 Adult High School Diploma  14 Post High School

Vocational  15 Associate Degree  16 Bachelor's Degree  17 Master's Degree or Higher

College(s) attended:

College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date Last Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date Last Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

College \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date Last Attended: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do/did you live with a parent that received a four-year college degree (Bachelor's)?  Yes  No

Father's educational level: \_\_\_\_\_

Mother's educational level: \_\_\_\_\_

**REQUIRED SIGNATURE**

1. Information supplied on this application is in no way used as a criterion for admission. It is used for institutional statistical purposes and is held in strict confidence. It is the policy of Circle of Love Academy not to discriminate against any person on the basis of race, color, handicap, sex, religion, age or national origin in the recruitment and admission of students. If there are any changes in the information provided on this application, please notify the school.
2. It is the intent of the Academy that all classes be accessible to all qualified students. It is the student's responsibility to make his or her disability known sixty days prior to enrollment. The student must request academic or other reasonable accommodations by contacting the President.
3. The programs lead to licensure by the state through statewide examinations. State examiners may or may not allow a student to take the exam or become licensed if that student has been convicted of a felony.
4. The completion/graduation rate information is available upon request in the office.

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT SUBMITTING FALSE INFORMATION MAY BE GROUNDS FOR DISMISSAL. I UNDERSTAND THE INFORMATION CONTAINED IN THIS APPLICATION AND AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE COLLEGE.

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's signature month day year

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\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of parent or guardian if applicant is under 18  
month day year