

Rev Jan 2019

Sumter Beauty College, Inc.

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Application for Enrollment

Date:	Social	Security #	Phone #		
Name (last)		(first)	(middle/Maiden)		
Address (stree	et)	City	State	Zip	
Sex	Race	Birthdate	Are you a U.S.	Citizen?	
Marital Status		# of Dependents Financial Assistance	Driver's License	#	
the financial at the cost of you Have you ever College name Do you have a	id office?	al aid applications and/or worked Are you interested Illege(s)?	in receiving financial ai	d to help you pay	
(This must be Where did you	paid at least the Friday graduate or last atten	lown payment amount?y before your scheduled class state			
Have you alrea	ady provided the office	e with a copy of your Diploma or	r GED?		
Are you curren	ntly employed?	Employment Where?			
Employer/Sup	ervisor's name		Telephone #		
I hereby certified best of my known along with a colicense, if apple	you like to begin classe by, by my signature belowledge. I understand opy of my Diploma or licable. I agree to furn	es?ow, that all statements made on that this application is to be subsected. Social Security Card, Drivish the office with any other requious financial documents, if verifications.	this application are true a mitted with the Enrollme ver's License or Picture uired documents necessa	ent fee of \$100.00, ID and marriage ry to complete my	
Signature	Date		Subm	nitted	