



Application for Admission

Office Use Only
Date Received _____

Personal Information

Legal Name _____

Last

First

Middle Initial

Maiden

Social Security Number _____ Date of Birth _____

Month

Day

Year

Female Male Single Married

Address _____

City _____ County _____

State _____ Zip Code _____

Home Phone Number (____) _____ Work Phone Number (____) _____

E-mail Address _____

Are you a resident of Minnesota? Yes No If yes, date of residency _____

Are you a citizen of the United States? Yes No If no Country of birth? _____

If no, Country of citizenship? _____

if no, state type of visa? _____

Is English your native language? Yes No

Ethnicity? (Optional) White, Non-Hispanic Hispanic American Indian/ Alaskan Native

African-American Asian/Pacific Islander Other

Emergency Contact Information

Please Contact the person listed below in case of an emergency:

Check one: Father Mother Spouse Guardian Other _____

Admission Information

Please check all that apply

Beginning: Jan.-Mar. Apr.-Jun. Jul.-Sept. Oct.-Dec

Status at Entry: New MBS of MN student Former MBS of MN student Transfer

Hours Needed: 1500 1000 500 other _____

Identify your reason for attending Moler Barber School of MN?

Personal Interest To be a licensed Barber Improve skills for present job

Prepare to change careers Someone is enrolling you

While enrolled, I plan to be employed:

15 hours or less per week 16-25 hours per week 26-39 hours per week

Do not plan to be employed

How long do you plan to attend Moler Barber School of MN? 3-4 months 7-9 months

10-12 months over 12 months

I received information about Moler Barber School of MN from:

Another Student High School Counselor My parents Online A Barber

High School Information

Please submit your final high school transcripts or GED scores to the Admissions Office. (See Below)

High School last attended: _____
High School Name *City, State, Zip* *Date of Graduation*

Are you currently attending high school? Yes No

If not a high school graduate, have you earned the GED Equivalency Certificate? Yes No

Date GED earned _____ Where GED earned _____

College Attendance Information

List all colleges and universities, including Moler Barber School of MN, which you have previously attended.

College Name	City, State, Zip	From (mo/yr)	To (mo/yr)

Certification of Information

I certified that the above statement are true and correct to the best of my knowledge. I agree to abide by all approved policies as outlined in the current issue of the student handbook. I agree to report all changes, including name and address, to the Admissions Office.

Signature _____ Date _____

Address this to: Admissions Office, Moler Barber School of Minnesota, 4801 Central Avenue #100,
Columbia Heights, MN, 55421

Emailed at: MBSof minnesota@gmail.com