## **Admissions Application**



## Meryma'at Barber College 12825-27 Lorain Rd. Cleveland, OH 44111

Tel: (216) 202-1144 Fax: (216) 202-1044 www.merymaatbarbercollege.com

Full Name:	Email Address:	
Address:	City:	
State: Zip Code:		
Phone Number:		
Date of Birth: Gender:	Marital Status:	
How did you hear about Meryma'at Barber College?		
Why did you choose Meryma'at Barber College	?	
What Course are you applying for? (Check one)		
1800 Hour Barber Program	1,000 Hour Crossover Program	
500 Hour Barber Teacher Training Program	Stimulant Barber Program (Reciprocity)	
Do you have any haircutting experience? Yes or		
Are you interested in full or part time?		
How do you plan to utilize a professional barber What are your hobbies?		
Have you ever been convicted of a felony? Yes o	or No (Circle one)	
If yes, explain:		
Have you ever attended another barber college	? Yes or No (Circle one)	

If yes, where?	
Any other professional licenses?	
Are you currently employed? Yes or No (Circle one)	
If yes, where? How often?	Will
your employer accommodate your education? Yes or No (Circle one)	
Certification	
I certify that all information in this application and any supplements of true and/or original. This information has been submitted honestly an any addendum are the property of Meryma'at Barber College and will request. I understand that I may be subject to a range of possible disc admission denial, expulsion, should the information I have certified be j	d that this document and be returned to me at my iplinary actions, including
I acknowledge that I have reviewed the application instructions. I undadmission are contingent upon receipt of all required documentation College as well as Ohio State Cosmetology and Barber Board.	
Name: Date:	
Signature:	

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