SCHOOL OF BEAUTY
HNA Honolulu
NAILS & AESTHETIC ACADEMY

Honolulu Nails & Aesthetics Academy

Application for Admission
For the Aesthetician License course

Enrolling program start date: _____, 20_____

☐ **Aesthetician License Course** (600 hours): _____ Basic OR, _____ Basic +Plus

Status: ☐ **Full Campus** The VA students must attend 600 hours at the campus
☐ **Hybrid (150 hours theory at home and 450 hours practical at campus)**

Time: ☐ **Full-time** (9-5pm for Full campus student / 9-4 pm for hybrid students)
☐ **Morning** (9-12pm)
☐ **Afternoon** (1-5 pm for Full campus student / 1-4 pm for hybrid student)

☐ **FULL ONLINE Basic Aesthetician License Course** (600 hours)
(VA students are not qualified for an online course)

☐ **Basic Aesthetician License Course**
☐ **Basic Aesthetician License Course + Eyelash extension course**

*** ANY PAYMENT YOU MADE IS NON-REFUNDABLE FOR THE ONLINE COURSE ***

PAYMENT OPTION

☐ Pay in full upon enrollment
☐ I prefer a payment plan (Registration fee $100)
☐ VA / GI Bill®
☐ Other _____

GI Bill® is a registered trademark of the US Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official US government Web site at http://www.gibill.va.gov/"

STUDENT INFORMATION

Name: Last First Middle	**Home Phone:** **Cell Phone:** **Email:**
Address: Street & Number City/State Zip	
Social Security Number:	**Date of Birth: Month / Day / Year**
Sex: ☐ **Female** ☐ **Male**	**Country of citizenship**

Current Employment Name: **Phone:**

Will you be working during school: **If yes, where and schedule:**

☐ **Yes** ☐ **No**

English language: **What language do you speak/write fluently:**

☐ **Poor** ☐ **Average** ☐ **Excellent** _____

Do you have any physical, mental, or sensory conditions or allergies that might affect your performance?

☐ **Yes** ☐ **No** **If yes, please specify:** _____

Do you have any background or experience in this profession:

☐ **Yes** ☐ **No** **If yes, please specify:** _____

Upon graduating, do you plan to work in this profession:

☐ **Yes** ☐ **No**

Have you attended another Beauty School:

☐ **Yes** ☐ **No** **If yes, School of name:** _____

Why are you interested in our program:

Your uniform size: _____**Small** _____**Medium** _____**Large** _____**X-Large** _____ **2X-Large**

How did you hear about us:

☐ **Our own website** ☐ **Instagram** ☐ **Facebook** ☐ **Google search**

☐ **Internet ad** _____ ☐ **Newspaper or Magazine ad** _____
(name of the page) **(name of media)**

☐ **Previous student** _____ ☐ **Friend or Family** ☐ **Other** _____
(name of media)

In the event of Emergency:

1) Name: _____ **2) Name:** _____

Phone: _____ **Phone:** _____

Relationship: _____ **Relationship:** _____

Supporting Documents:

1. **Be at least 16 years old of age. If you are under 18, a parent or guardian must enroll the applicant.**
2. **Copy of ID (Passport, State ID, or Driver's license)**
3. **A deposit of $500USD Check, Money order, or Credit card (non-refundable)**
4. **Completed HNA Application form**
5. **Completed Payment plan application form (download from our website)**
6. **A copy of your high school diploma or the education equivalent (GED certificate) *If you take the Hawaii state exam**
7. **(For VA students) A copy of the Certificate of Eligibility**
8. **(For Advanced course) Copy of Certificate: Person who has nail training or has a nail license.**

I hereby grant permission regarding all photographs of me or my work to illustrate, promote, and advertise.

Initials _____

I certify that this application is correct to the best of my knowledge. I understand that I acknowledge that by signing this application, I agree to all the rules and policies of Honolulu Nails & Aesthetics Academy.

Signature of applicant: _____ **Date:** _____

Signature of Parent / legal guardian _____ **Date:** _____
(under 18 applicants)

LOCATION

Honolulu Nails & Aesthetics Academy
680 Iwilei Road, Suite 665, Honolulu, Hawaii 96817
Tel (808) 944-1121