



**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**

<b>Name:</b> Last                      First                      Middle	<b>Home Phone:</b>  <b>Cell Phone:</b>  <b>Email:</b>
<b>Address:</b> Street & Number                      City/State                      Zip	
<b>Social Security Number:</b>	<b>Date of Birth:</b> Month / Day / Year
<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Country of citizenship</b>
<b>Current Employment Name:</b>	
<b>Phone:</b>	

Do you need an enrollment letter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain where you submit. _____	
Will you be working during school: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where and schedule: _____	
English language: <input type="checkbox"/> Poor <input type="checkbox"/> Average <input type="checkbox"/> Excellent	What language do you speak/write fluently: _____
Do you have any physical, mental, or sensory conditions or allergies that might affect your performance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	
Do you have any background or experience in this profession: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please specify: _____	
Upon graduating, do you plan to work in this profession: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you attended another Beauty School: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Our own website <input type="checkbox"/> Instagram <input type="checkbox"/> Facebook <input type="checkbox"/> Google search <input type="checkbox"/> Internet ad _____ (name of the page) <input type="checkbox"/> Newspaper or Magazine ad _____ (name of media) <input type="checkbox"/> Previous student _____ (name of media) <input type="checkbox"/> Friend or Family <input type="checkbox"/> Other _____	
In the event of Emergency:	
1) Name: _____ Phone: _____ Relationship: _____	2) Name: _____ Phone: _____ Relationship: _____
Supporting Documents:	
<ol style="list-style-type: none"> <li>1. Be at least 16 years old of age. If you are under 18, a parent or guardian must enroll the applicant.</li> <li>2. Copy of ID (Passport, State ID, or Driver's license)</li> <li>3. A deposit of \$500USD Check, Money order, or Credit card (non-refundable)</li> <li>4. Completed HNA Application form</li> <li>5. Completed Payment plan application form (download from our website)</li> <li>6. A copy of your high school diploma or the education equivalent (GED certificate) <b>*If you take the Hawaii state exam</b></li> <li>7. (For VA students) A copy of the Certificate of Eligibility and and all transcripts of all education.</li> <li>8. (For Advanced course) Copy of Certificate: Person who has nail training or has a nail license.</li> </ol>	
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 _____ ( under 18 applicants)	Date: _____

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