**Barber and Beauty Academy of Pennsylvania (BBAPA) Application for Admissions**

**PLEASE PRINT WITH BLACK INK**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License # and State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Facebook Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ethnicity: Hispanic: \_\_\_ Black/African American: \_\_\_ White: \_\_\_ Asian: \_\_\_ 2 or more: \_\_\_ Other: \_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ U.S Citizen: \_\_\_\_ Yes \_\_\_\_ No

Smock Size: SM: \_\_\_\_\_ MED: \_\_\_\_\_ LG: \_\_\_\_\_ XL: \_\_\_\_\_ 2XL: \_\_\_\_\_ 3XL: \_\_\_\_\_ 4XL: \_\_\_\_\_

High School Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School City & State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Highest Grade Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_

Term Applying: Fall: September – December \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Spring: February – June \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Programs: Cosmetology, Barbering, Esthetics, Natural Hair Braider, Nail Technician, and Teacher**

Full Time: \_\_\_\_\_\_\_\_ 8:45am-4:45pm Monday – Thursday (30 Hours)

**Programs: Esthetics, Natural Hair Braider, Nail Technician, and Teacher**

Part Time: Daytime 8:45am-12:30pm \_\_\_\_ Evening 5pm-9pm \_\_\_\_ Monday – Thursday (15 Hours)

**Programs:** **Teacher**

Full Time: \_\_\_\_\_\_\_\_ 8:45am-4:45pm Monday – Thursday (30 Hours)

Part Time: \_\_\_\_\_\_\_\_ 8:45am-12:30pm Monday (With Remaining Hours Earned on Flex Schedule of Students Choice)

BBAPA Student Status: Freshman: \_\_\_\_\_\_\_ Transfer: \_\_\_\_\_\_\_

**Program and Codes:** Cosmetology – 101 – Teacher – 102 – Nail Technician – 103 – Natural Hair Braider – 104 – Esthetician – 105 – State Board Prep – 106 – Nail Tech & Esthetics – 107 – Barbering – 108

****Code #: \_\_\_\_\_\_\_\_\_\_\_\_ Program Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FILL IN THIS SECTION OF THE APPLICATION IF YOU ARE UNDER 18 YEARS OF AGE**

Parent/Guardian or Sponsoring School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate family members that graduated from Barber and Beauty Academy of PA

(Formerly known as Divine Crown Barber and Beauty Academy of PA)

Father: \_\_\_\_ Mother: \_\_\_\_ Sister: \_\_\_\_ Brother: \_\_\_\_ Other: \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pennsylvania Resident: Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_ If no, what is your resident state? \_\_\_\_\_

Residential Status: Resident (on my own) \_\_\_\_\_\_ Resident (with family) \_\_\_\_\_\_

Have you attended any post-secondary institutions? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If so, please list below:

College/University/Post-Secondary/Technical School Name Years Attended

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you in good standing at the colleges you’ve attended? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you applied to BBAPA previously? Yes: \_\_\_\_\_ No: \_\_\_\_\_

High School/Community Honors and Awards: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Activities, Years of Participation, Positions/Offices held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Students with Disabilities:**

BBAP welcomes otherwise qualified students with disabilities. The academy recognizes its responsibility to providing reasonable accommodations to ensure equal access and full participation to all students enrolled as assigned by section 504 of the Rehabilitation Act of 1973, as amended, and the Americans with Disabilities Act. Accommodations must be submitted in writing to the DCBB Admissions Officer. Students requesting accommodations must provide BBAP with documentation to substantiate the request. Students with disabilities follow the same admissions procedures and standards required by BBAPA.

**I understand that the above statements are true to the best of my knowledge. Any false information may be used as grounds for denial or dismissal.**

**Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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