



Seward County Community College

Application for Cosmetology Program

1801 N Kansas Ave • PO Box 1137

Liberal, KS 67905-1137

1-800-373-9951 • 624-1951

620-417-1361

www.sccc.edu

CONFIDENTIAL (please print legibly or type)

Date: ____ / ____ / ____
Month Day Year

Name: _____
Last First MI

REQUIRED Valid Driver's License # _____ (Address on driver's license must match your mailing address)

Permanent Address: _____
Street City St Zip

Current Address: _____
(if different than above) Street City St Zip

Cell Phone # (____) _____ **Home Phone #** (____) _____

Date of Birth: ____ / ____ / ____ **SSN:** _____
Month Day Year

Email Address: _____

ALTERNATE CONTACT INFORMATION

Name: _____
Last First

Address: _____
Street City St Zip

Phone # (____) _____

PROGRAM INFORMATION

Semester course you are applying for:

☐ Fall (August) ☐ Spring (January)

Program you are applying for:

☐ Cosmetology ☐ Cosmetology Instructor Course

Have you ever been convicted of a felony? ☐ Yes ☐ No

What Size of smock will you need? ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ Plus Size

EDUCATION INFORMATION

High School Attended: _____

Year Graduated: _____ Or GED Completion Date: _____

SELECTION PROCESS

Before Submitting, Have You:

- ☐ Returned your college application for admission to the Admissions Office?
- ☐ Made an appointment with the Testing Center to take the Accuplacer test, or submitted a copy of your ASSET/ACT scores to the cosmetology department?
- ☐ Made an appointment with Financial Aid? After you meet with Financial Aid, submit the signed financial aid interview form to the cosmetology department.
- ☐ Enclosed a cover letter?
- ☐ Enclosed an official transcript in a sealed envelope and delivered to the Registrars office or have your school email a transcript directly to Sharon.nickelson@sccc.edu
- ☐ Submitted a photo of your current US Government-issued photo ID, and **signed** Social Security Card directly to the Kansas Board of Cosmetology (KBOC) by any of the following ways:

******The Instructor Program applicant will need to submit a copy of their current cosmetology license.

******* This form will need to be turned into the Cosmetology Department along with all the other documents provided on the Cosmetology Application Checklist.

SELECTION PROCESS

When all the information has been received, you will be notified by mail if you have been selected to enroll in the cosmetology program within three weeks of the appropriate due date. At that time, you will need to pay a \$100 non-refundable deposit to reserve your class space. The \$100 deposit will be credited to the students account once the enrollment process is completed.

How did you hear about the Cosmetology Program at Seward County Community College?

- | | |
|---|---|
| ☐ Newspaper | ☐ Counselor |
| ☐ TV | ☐ Website |
| ☐ Radio | ☐ Yellow Pages |
| ☐ Friend who Attended | ☐ High School Career Day |
| ☐ Cosmetologist Referred | ☐ Other _____ |

SIGNATURE

Student Signature: _____ Date: _____

NOTICE OF NONDISCRIMINATION

Seward County Community College is committed to a policy of nondiscrimination involving equal access to education and employment to all, regardless of sex, race, age, religion, color, national origin, or disability. The administration further extends its commitment to fulfilling and implementing the federal and state laws and regulations as specific in Title IX and Section 504 of the Rehabilitation Act. For assistance in these areas, contact the Equal Opportunity Compliance Officer, Seward County Community College, 1801 N Kansas, PO Box 1137, Liberal, KS 67905-1137; Phone (620) 624-1951.