



# Application Form

## Mequon Thiensville School of Esthetics Center for Advanced Esthetic Training

Committed to enriching your life by providing a solid skin care program  
with the most advanced products and technology.

### Please tell us about yourself

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Alternate #: \_\_\_\_\_ Email: \_\_\_\_\_

### Personal History

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Spouse's Name : \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

How is your general health? \_\_\_\_\_

Do you have any physical disabilities? \_\_\_\_\_

Are you under a physician's care? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you on any medications or substances? \_\_\_\_\_. If yes, please list \_\_\_\_\_

### Education

Please circle last grade completed 8 9 10 11 12 13 14 15 16 Degree \_\_\_\_\_

Indicate if any of these apply: High School Diploma \_\_\_\_ Equivalency Diploma \_\_\_\_ College \_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Name of nearest relative: \_\_\_\_\_ Phone: \_\_\_\_\_

## References

Please provide two references that we may contact:

I. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

II. Name: \_\_\_\_\_ Title: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone: \_\_\_\_\_

## General Information

How were you referred to Mequon Thiensville School of Esthetics?

\_\_\_\_\_

Why do you want to attend a school of esthology and how did you become interested?

\_\_\_\_\_

What aspects of skin care interest you? Please rate your interests from 1 (most) to 8 (least).

Facials \_\_\_\_\_ Make-up \_\_\_\_\_ Nutritional Therapy \_\_\_\_\_ Massage \_\_\_\_\_

Waxing \_\_\_\_\_ Body Treatments \_\_\_\_\_ Equipment Usage \_\_\_\_\_ Aromatherapy \_\_\_\_\_

What do you expect your future salary to be as an Esthetician?

Upon graduation: \$ \_\_\_\_\_ Two years after graduation: \$ \_\_\_\_\_

My Signature certifies that the above information is correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Interviewer's Signature

\_\_\_\_\_  
Date

## Session Information

450-Hour Esthetics Training & Licensing Course

Please enter start date of class: \_\_\_\_\_

## Tuition

Amount Due: \$11,500

**A non-refundable \$100 deposit must be sent in with this application form to reserve your space in class.**

Check enclosed \_\_\_\_\_

Please charge my credit card:

If using a credit card, a 5% charge of the total tuition will be added.

Credit Card Type\_\_\_\_\_

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name as shown on card: \_\_\_\_\_

**If a student cancels the class and has paid by credit card, a 5% credit card fee will be deducted from their reimbursement.**

Are you interested in setting up a payment plan? Yes\_\_\_\_\_ No\_\_\_\_\_

**Please EMAIL, FAX or MAIL your completed form to:**

**Mequon Thiensville School of Esthetics**

11135 N. Wauwatosa Road

Mequon, WI 53097

PHONE: (262) 242-3505

FAX: (262) 242-3699

EMAIL: mtschoolofesthetics@gmail.com

www.mtschoolofesthetics.com

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