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:

1. Name: Title: Relationship:

Address: City/State/Zip Phone:

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# General Information

How were you referred to Mequon Thiensville School of Esthetics?

Why do you want to attend a school of esthiology 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: [spa@mtschoolofesthetics.com](mailto:spa@mtschoolofesthetics.com) [www.mtschoolofesthetics.com](http://www.mtschoolofesthetics.com/)

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