

APPLICATION CHECKLIST

The Admissions Committee reviews completed applications submitted to NYIE.

The committee reserves the right to reject any applicant or require additional schooling/testing for any applicant it deems appropriate.

A complete application includes all the following:

- 1) A completed Admissions Application both front & back (enclosed).
- 2) Official high school transcripts or copy of your GED, mailed directly to NYIE from your high school. High school transcripts/GED must be on file with NYIE, regardless of higher education.
- 3) Two letters of recommendation, personal or professional (no relatives please). Letters should include how long they have known you and why they think you would be a successful esthetician.
- 4) Complete a personal interview with an Admissions representative.
- 5) A completed Background Check Release Form (enclosed). This form releases information on any prior criminal convictions. NYIE will obtain the police report once the release form is submitted.
A non-refundable processing check of \$15.00 (Erie County) / \$20.00 Non-Erie County is required, plus sales tax.
- 6) Two forms of ID:
 - a) Driver's license or government-issued photo ID
 - b) Social Security card
- 7) Must meet with Bursar.
- 8) Complete a second interview, including admissions testing. (NYIE staff will call you to arrange a second interview).

NEW YORK INSTITUTE OF ESTHETICS, INC.

Application for Admission

You are encouraged to submit your application as soon as possible. Classes are limited and enrollment is closed when the class is full.

**Return this application and all final official high school, college, and vocational transcripts to:
Admissions Office / NY Institute of Esthetics / PO Box 647 / Buffalo, NY 14231**

Applications will be kept for one year (valid)

All information is confidential and is used only to determine the degree to which you may benefit from training.

Please Print

Legal Name Last		First	MI	Social Security Number
Permanent Home Address - Number		Street	Apt.	
City		County	State	Zip
Phone ()		Who referred you?		
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship, if not US:		
If not a citizen, are you a permanent resident of the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If your academic records might appear under a different name, please indicate		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		
Last		First	MI	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
		Age: _____ Date of Birth : _____ Height/Weight: _____		
Have you previously attended the NY Institute of Esthetics? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?		For which quarter do you plan to enroll? Month _____ Year _____		
Are you interested in classes: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening		How do you plan on paying your tuition? <input type="checkbox"/> Personal Loan/ Funds <input type="checkbox"/> Credit Card		
Will you enter as (please check all that apply): <input type="checkbox"/> Full - time <input type="checkbox"/> Part - time		<input type="checkbox"/> NYIE Financing <input type="checkbox"/> 3 rd Party <input type="checkbox"/> Other _____		
Have you been in for a tour and interview? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMPLOYMENT HISTORY <i>Please attach resume or additional sheet, if necessary.</i>				
Current Employer Name		Position:		
Address		Salary:		
		Years Worked:		
		Employment dates with current company:		
Phone Number		Does your company offer a tuition assistance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PLEASE LIST TWO (2) REFERENCES EITHER PERSONAL OR PROFESSIONAL, NO RELATIVES PLEASE (Each reference must submit a letter of reference directly to the Institute.)				
Name: _____		Name: _____		
First MI Last		First MI Last		
Address: _____		Address: _____		
Occupation: _____		Occupation: _____		
Years Known: _____ Phone: _____		Years Known: _____ Phone: _____		

SCHOOL BACKGROUND

Name of high school from which you did/will graduate: _____ Date of Graduation: _____

School Address - Number Street City State Zip

School Phone: () Diploma Earned:
 Regents General GED

YOU MUST SUBMIT A COPY OF YOUR HIGH SCHOOL TRANSCRIPT OR G.E.D TO THE NEW YORK INSTITUTE OF ESTHETICS, INC. PLEASE HAVE OFFICIAL TRANSCRIPTS MAILED DIRECTLY TO OUR OFFICE FROM YOUR HIGH SCHOOL.

COLLEGE EXPERIENCE / ESTHETICS SCHOOL EXPERIENCE

If you have attended a college, university, or Esthetics school, list names and dates attended. (List schools whether you earned credit or not.)

Name of College/
Esthetics School 2yr/4yr Public/Private City & State From M/Y To M/Y Credit Hours Graduate: Y/N Degree(s)Are you a veteran? Yes No IF YES, Date of Enlistment _____ Date of Discharge _____ Branch of Service _____**Please write one (1) paragraph telling us why you are interested in the NY Institute of Esthetics:**Are you currently taking any medication? Yes No If yes, what type? _____Are you under a physician's care? Yes No If yes, what for? _____

Is there anything you would like us to know about your physical or mental condition? _____

Do you have any disabilities that you would like to voluntarily disclose? If so, what reasonable accommodations would you need to ensure a high quality education? _____

PLEASE READ CAREFULLY AND SIGNHave you ever been convicted of a crime (felony or misdemeanor) or pleaded guilty to a crime in any state or country? Yes No
If yes, a copy of the police report must be submitted to the Admissions office, and please explain details below.

In order to comply with Federal Reports we need to know the following Ethnic Background information:

 Black, non-Hispanic Hispanic Asian or Pacific Islander American Indian or Alaskan Native
 White, non-Hispanic Nonresident Alien Race/Ethnicity Unknown

I certify that the information on this form is both complete and accurate. I understand that falsifying any part of this application may result in my being refused admission or being required to withdraw from the Institute.

Person to notify in case of emergency: _____ Telephone: (_____) _____

Relationship: _____

Nearest adult relative NOT living at your address (include complete address and phone number)

Name: _____ Telephone: (_____) _____

Address (street, city, state, ZIP): _____

Applicant's Signature _____ **Date:** _____**Please return to: Admissions Office / New York Institute of Esthetics / PO Box 647 / Buffalo, NY 14231***The New York Institute of Esthetics Inc. does not discriminate on the basis of race, color, gender, religion, creed, age, handicap, or sexual orientation*

Background Check Release Form

PRIVACY ACT RELEASE

I, _____, an applicant at N.Y. Institute of Esthetics, do hereby acknowledge the Right of Privacy Act passed by Congress that no information can be provided to unauthorized personnel without my consent.

I do hereby authorize the: City: _____

County: _____

Village: _____

of _____ (State), Police department to release all information concerning any criminal history. I further agree to indemnify and hold any said police departments who provide the requested information, forever free and harmless with respect to any and all damages, claims and causes of actions resulting directly or indirectly from providing of said information. I voluntarily agree to cooperate and release from all liability the N.Y. Institute of Esthetics and Amherst Investigations Inc. and all other persons and companies supplying such information.

PLEASE PROVIDE THE REQUESTED CRIMINAL CONVICTION RECORD OF THE FOLLOWING:

Name of Applicant: _____

Signature of Applicant: _____

Signature of Witness: _____

Signature of Parent/Guardian:
(For applicants under 17 years of age): _____

Date of Signing: _____

Applicant's Date of Birth: _____

Applicant's Address: _____

Applicants SS#: _____

Enclose a check or money order payable to NYIE in the amount of \$15.00 + tax (Erie County) / \$20.00 + tax (Non-Erie County).