



648 East State Road, Ste. D  
American Fork, UT 84003  
(801) 756-1979  
Fax (801) 785-7118  
www.capellisupply.com

## PERMANENT COSMETICS STUDENT APPLICATION

This application must include the \$50 non-refundable application fee.  
*Application fee is credited towards tuition*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_ Marital Status:  Single  Married  Other

Gender:  Male  Female

US Citizen:  Yes  No Social Security Number: \_\_\_\_\_

Drivers License# \_\_\_\_\_ State: \_\_\_\_\_ Passport# \_\_\_\_\_

Why have you chosen a career in Permanent Cosmetics? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Start Date:  January  February  March  April  May  June  July  August  
 September  October  November

Course Times  Day Clinic (Monday thru Thursday 9:00am to 5:00pm)  
 Night Clinic (Monday thru Friday 5:00pm to 10:00pm)

Education: High School \_\_\_\_\_ State \_\_\_\_\_ Year Graduated \_\_\_\_\_

College \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Special Interests: \_\_\_\_\_

Parent or Guardian (if under age 18) \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Can we contact this person?  Yes  No

Students Curent Occupation: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Can we call this person as a reference?  Yes  No

**Payment Options:**

I plan to take a personal loan  I will be paying with:  Cash  Credit Card  Check

I would like to pay through Capelli Payment Option.

**Payment Option Plan Choice**

- #1) Pre-pay with a 5% discount - Net tuition \$1,800
- #2) \$750 down payment - 12 monthly installments of \$115.34
- #3) \$575 down payment - 12 monthly installments of \$131.38

I will be paying the down payment or pre-payment with:  Cash  Credit Card  Check

I plan to pay by other \_\_\_\_\_

I certify under penalty of law that the above information provided is true and correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Parent or Guardian  
(If under the age of 18) \_\_\_\_\_ Date: \_\_\_\_\_

To the best of my knowledge, I do not suffer from any physical or mental disorders, which may prevent my completion of this course in the time allowed.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature of Parent or Guardian  
(If under the age of 18) \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information for Application Fee**

Payment Type  Check  Cash  
Credit Card Type  Visa  Master Card  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Sec Code \_\_\_\_\_

*Capelli Supply Use Only*

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Notes:

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