APPLICATION AGREEMENT

**Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

STEPS TO ENROLL IN A CERTIFICATION PROGRAM AT ZORGANICS INSTITUTE

1. \_\_\_\_\_ Tour and Interview: Call (360)318-6411 to schedule a time. The required enrollment documents listed below, are included on the following pages. You may print, complete, and bring with you to your interview or the school can provide you hard copies at the time of your interview. You also may mail, fax, or scan and email to the school. You should submit your application prior to or on the day you interview.

Mailing Address: 410 W. BAKERVIEW ROAD SUITE 112 BELLINGHAM, WA. 98226

Email: [INFO@ZORGANICSINSTITUTE.EDU](mailto:INFO@ZORGANICSINSTITUTE.EDU)

2. \_\_\_\_\_ Application for Enrollment.

3. \_\_\_\_\_ Enrollment Agreement Contract.

4. \_\_\_\_\_Deposit: Submit your Application, Contract, and Deposit \_\_\_% on your program to reserve your seat. The deposit may be paid by Cashier check, Mastercard, or Visa. Credit card payment can be made over the website.

5. \_\_\_\_\_ Questions to Consider: Read and sign the Questions to Consider document. Please ask an Admissions representative if you have any questions regarding the considerations listed.

6. \_\_\_\_\_ Photo Identification: Provide a photocopy of your state issued driver’s license, I.D., or passport. Further identification to support citizenship or eligibility may be required. A valid Alien Registration Card is required for all eligible non-citizens and an M-1 Visa is required for all ineligible non-citizens.

7. \_\_\_\_\_ Proof of Education: Provide a copy of high school diploma, GED, or official transcripts. It must show high school completion. If you were educated in another country, please make sure that your diploma is translated and notarized. If you are unable to locate your diploma, please contact your high school to obtain an official copy of your transcript, which must include the school seal and be unopened or mailed directly to the ZORGANICS institute. Verification of a foreign student’s high school diploma needs to be performed by an outside agency that is qualified to translate documents into English and confirm the academic equivalence to a U.S high school diploma.

8. \_\_\_\_\_ Complementary Field of Study Discounts: If you retain a license or certificate in the healing arts, wellness, or beauty fields (Examples Esthetician, cosmetologist, manicurist.barber , hair design ).

9. \_\_\_\_\_ Pre-enrollment Checklist: Acknowledge the receipt of all the vital information provided by the school that you need to know to make an informed decision about going to school.

10. \_\_\_\_\_ IPEDs Questionnaire: Complete this demographics survey required by the US Department of Education.

**ZORGANICS INSTITUTE Admission Application & Interview questions**

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

Social Security No. Last four digits: \_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

U.S Citizenship Status (Check one and list ID number if applicable):

☐ Citizen/National ☐ Eligible non-citizen Alien I.D. # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp.\_\_\_\_\_\_\_\_\_\_\_

Enrolling in:

☐ 750 HOURS ESTHETICIAN ☐1600 HOURS COSMETOLOGIST ☐ 1200 HOURS MASTER ESTHETICIAN

☐750 HOURS MASSAGE THERAPY ☐1000 HOURS BARBER ☐ 600 HOURS MANICURIST

☐ 600 HOURS INSTRUCTOR ☐1400 HOURS HAIR DESIGN

Class Schedule:

Monday \_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_ Thursday\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_ Saturday\_\_\_\_\_\_\_\_\_

Program Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you applying for Financial help (Student scholarship/ Loans and/or Grants)? ☐ Yes ☐ No

Would you like a payment plan on the school balance? ☐ Yes ☐ No

Uniform size: Top (XS, S, M, L, XL)\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_\_\_\_\_\_

**EDUCATION**

High School Address Year Graduated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ College/Other Education Address Year

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

**EMPLOYMENT**

Present Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL INFORMATION**

IMPORTANT: List all allergies, sight or hearing problems, learning disabilities, medical conditions including pregnancy, and all prescription medications. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ENROLLMENT APPLICATION QUESTIONS** Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (\_\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Can you devote adequate time to your studies if you are accepted? ☐Yes ☐No.

2. How did you first learn or become interested in ZORGANICS INSTITUTE? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. What most interests you about a career in your chosen field in the beauty industry? (Minimum 20 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What do you believe makes you uniquely qualified to become a licensed Massage Therapist/Esthetician/cosmetologist and provide services to the public? (Minimum 20 words) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ZORGANICS INSTITUTE Enrollment Application/ Please choose the following:

1. Have you been informed that you must fully participate in all areas of practice in your area of study. ☐ Yes ☐ No

2. Have you been informed that attendance is extremely important to the success of your program, that you cannot miss more than 10% of the time you are enrolled, and you must make up any missed time? ☐Yes ☐No

4. Have you received in the mail or during your tour, the information packet containing consumer information on your chosen field? ☐Yes ☐ No

5. Have you been informed that you will be required to report to the ZORGANICS INSTITUTE the name of the salon/spa/company that hires you as an Esthetician or Cosmetologist, Manicurist, Massage Therapy, Master Esthetician, or barber following graduation? ☐Yes ☐No

6. Have you been informed that in WASHINGTON all candidates to obtain a licensure are required to undergo a CORI (Criminal Offense Record Inquiry) and SORI (Sex Offender Registry Inquiry)? ☐Yes ☐No

Please sign and date this enrollment application and submit your tuition deposit and Enrollment Agreement Contract. Additionally, the following items are requirements for admission and must be submitted prior to enrolling in the program and beginning the program: • Copy of High School, GED, or Official Transcript (must show high school completion) • Photo ID (State Government issued I.D., Driver’s License, or Passport) with proof of age.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if applicant is under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**QUESTIONS FOR STUDENTS TO CONSIDER;**

As the leader in skin care salons, ZORGANICS INSTITUTE understands the industry very well. The profession offers both personal and professional rewards with a variety of career options. We have compiled a list of questions one should consider important in deciding to enroll in your chosen field program at ZORGANICS INSTITUTE. Please sign the bottom line to indicate you have read, understand and accept each question.

In the School

1. Are you comfortable being touched by another student or teacher? ☐Yes ☐No

2. Are you open to wearing professional makeup if applicable? ☐Yes ☐ No

3. Are you open to not using tanning beds and not excessively tanning? ☐Yes ☐No

4. Do you have good physical dexterity for Beauty services? ☐Yes ☐ No

5. Are you willing to trade beauty services within your program with other students? ☐Yes ☐ No

6. Attendance is key to learning, supporting your classroom community, and a prerequisite for successful completion of your program. It is also a requirement for receiving financial HELP disbursements. Are you willing to be punctual and in attendance on a daily basis? ☐ Yes ☐ No

7. Are you willing to remove visible body piercing, with the exception of single pierced ears? ☐Yes ☐ No

8. The ZORGANICS INSTITUTE requires that no visible piercings be worn to maintain a level of professionalism and prevent injury during Facial and massage procedures.

9. Are you willing to cut your fingernails to fingertip length? Long nails can scratch and injure clients. Massage students are required to keep their nails short at all times. ☐Yes ☐ No

10. Do you understand that placement is not guaranteed? Although the school maintains an ongoing list of employers and provides a strong business development module within the program, it is ultimately the student’s responsibility to lead their job search with the support of the school.☐ Yes ☐ No

11. Are you proficient with speaking, writing and reading English? All programs are taught in English. Many ZORGANICS Institute students have successfully completed our programs, however if you have a concern in this area please let us know so that we can help set you up for success. ☐Yes ☐No

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if applicant is under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**In The Industry:**

1. Do you enjoy working with people? ☐Yes ☐No

2. Are you a good listener and communicator? ☐Yes ☐No

3. Do you like to be helpful to people? ☐Yes ☐No

4. Are you interested in health, beauty, and wellness? ☐Yes ☐No

5. Do you enjoy working with your hands? ☐Yes ☐No

6. Do you find it gratifying helping others feel better about themselves? ☐Yes ☐No

7. Are you capable of not smoking during working hours? ☐Yes ☐No

8. Are you open to selling products and services as a trained esthetician /cosmetologist? ☐Yes ☐No

9. Do you enjoy a fast paced environment and understand the importance of good time management? ☐Yes ☐No

10.Can you adapt to changing environments and can you remain calm in the midst of that change? ☐Yes ☐No

11. Are you able to stand or sit for long periods? ☐Yes ☐No

12. Do you have good mobility of your upper and lower limbs? ☐Yes ☐No

13. Are you available to work on weekends? ☐Yes ☐No

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

This could affect your ability to become licensed. If so, please contact the Department of Licensing Cosmetologist profession or Work Force Board for more information. By signing below you acknowledge you have read the above questions to consider and agree that “yes” you are able to comply with the above educational and industry requirements to enter the field of study and profession. Should you have any questions please speak with an Admissions staff member.

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program: Start Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian (if applicant is under 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Administrator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_