



ZORGANICS INSTITUTE BEAUTY AND WELLNESS ADMISSION APPLICATION

Thank you for visiting the Zorganics Institute. Please submit the form below to be considered for admissions. We will contact you with further information after reviewing your application.

Legal First Name: _____ Legal Last Name: _____

Preferred Name: _____ Phone Number: _____

Email: _____ Address: _____

City: _____ State: _____

Zip: _____ Program of Interest: _____

Highest Education Level (G.E.D., HS diploma, college graduate, etc.): _____

Are you a US citizen or legal resident? Yes No

Emergency Contact:

Name: _____

Name: _____

Phone Number _____

Phone Number _____

Relationship: _____

Relationship: _____

Questions:

When is your desired start date of enrollment? _____

How did you hear about Zorganics Institute? _____

Why do you want a career in the program of your interest?

4.What can we expect from you as a student?

Applicant's Signature: _____ Date: _____

Acceptance Official: _____ Date: _____

By submitting this form, you are giving your consent to allow Zorganics Institute to contact you via phone or email with information regarding your chosen program of interest at our location. This information is kept privately and professionally and will only be viewed by Frida Emalange, Institute Director, as well as administrators. This document is only kept for the purposes of record maintenance for Zorganics Institute. You may withdraw your consent at any time by contacting the Zorganics Institute. Consent is not a condition of enrollment. We invite you to call us as well to check the status of your application or if you have any questions or concerns.

410 W. Bakerview Road Suite 112
Bellingham, WA. 98226
(360) 318-6411
info@zorganicsinstitute.edu
www.zorganicsinstitute.edu