

ONLINE APPLICATION FORM

Please provide us with the following information:

NAME _____

PHONE NUMBER _____

EMAIL ADDRESS _____

PROGRAM OR WORKSHOP OF INTEREST _____

DATE OF PROGRAM OR WORKSHOP _____

Please tick the appropriate box that applies to you:

HIGH SCHOOL GRADUATE

NON HIGH SCHOOL GRADUATE, 18+ YEARS OF AGE

GRADUATE OF A MAKEUP PROGRAM (80+ HRS) OR WORKING ARTIST

Please put an X beside the document(s) you are faxing to us:

COPY OF YOUR HIGH SCHOOL DIPLOMA _____

COPY OF BIRTH CERTIFICATE, PASSPORT OR DRIVER'S LICENSE _____

COPY OF YOUR MAKEUP DIPLOMA (80 + hours of training) _____

COPY OF YOUR RESUME (3 years or more of work experience with references)