

# Application for All Programs

## Personal Information

First Name (Please Print Clearly) \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Province / State \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number (Home)     Telephone Number (Cell)     Telephone Number (Other - if applicable)

Date of Birth (month / day / year)

Sex: Male  Female  Other

Email Address \_\_\_\_\_

### Disabilities

If you wish the Institute to know any disability or illness that may affect your learning or access to facilities, please outline in this space. This will **NOT** affect your acceptance into this institute

### Contact in case of Emergency

First Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Please specify the program for which you are applying:

### Program Information

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Hairstylist Career Program | <input type="checkbox"/> Esthetics Career Program | <input type="checkbox"/> Nail Technology Career Program |
| <input type="checkbox"/> Massage                    | <input type="checkbox"/> Natural Nails            | <input type="checkbox"/> Eyelash Technology             |
| <input type="checkbox"/> Make-Up Artistry           | <input type="checkbox"/> Cosmetology              | <input type="checkbox"/> Red Seal Exam Preparation      |

When would you like to start: \_\_\_\_\_

How did you hear about the Okanagan Cosmetology Institute?

Website  Google  Facebook  Twitter  Referral  Other

### Financial Information

- I am paying for this program with my own financing
- I am obtaining a loan through other means – specify \_\_\_\_\_
- I would like to apply for a BC/Canada Student Loan
- Other (specify please) Work BC, and myself.

ADMINISTRATIVE USE ONLY

<input type="checkbox"/> Cash	<input type="checkbox"/> Interac	Date received: _____	Received by: _____
<input type="checkbox"/> Cheque	<input type="checkbox"/> Money Order	Amount received: \$_____	
<input type="checkbox"/> Visa	<input type="checkbox"/> M/C	Application/Assessment fee \$250.00	

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Please read before signing

1. I understand that submission of this application in no way guarantees admission into a program, and that admission is subject to meeting Okanagan Cosmetology Institute Ltd' program prerequisites and that space is available.
2. I understand that in accordance with Part 4(10)(1)(a) of the Personal Information Protection Act, we hereby notify you that your name and personal identification information, the name of your program of study, and the amount of the tuition paid will be forwarded to the Private Career Training Institutions Agency for the purpose of administering the Student Training Completion Fund. This information is collected by the PCTIA under section 26 of the Freedom of Information and Protection of Privacy Act.
3. I hereby certify that all statements on this application are true and complete in all respects, and that no relevant information has been withheld. I understand that falsifying documents or information on this application will result in immediate and permanent dismissal from the Okanagan Cosmetology Institute. I agree that if admitted, I will comply with the regulations of the institute.
4. Items required for the admission process to proceed and must accompany this signed application.
  - Picture I.D. verifying age and identity of applicant
  - Proof of Medical Coverage
  - OCI Entrance Exam
  - Course Investigation Essay & Questionnaire
  - Two letters of reference
  - A letter from parent or guardian granting permission to attend if under the age of 19.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date