

CINEMA MAKE-UP SCHOOL

Hollywood's Professional Make-up Artist Training

Entrance Requirements and Enrollment Procedures

In order to enroll in any course of study, the applicant must complete a Student Application form and include a \$100 non-refundable registration fee. Class size is limited so it is recommended that applicants complete the enrollment process at least one month prior to the start of the desired session. Class availability is based on a first come first serve basis. Applicants must be at least 18 years of age and have proof of a High School Diploma or its equivalent.

It is highly recommended that applicants speak with the admission office prior to submitting their application so they can be certain that the program they have selected best meets their occupational goals. Applicants to Beauty, High Fashion/Photography, Professional, Film & TV and Master Make-up programs need not have any previous experience.

CINEMA MAKE-UP SCHOOL

Hollywood's Professional Make-up Artist Education

APPLICATION FOR ADMISSION

(Revised 11.10.06)

Name: _____ Date of Birth: _____ SSN: _____

Address: _____ City: _____

State/ Providence: _____ Zip/Postal Code: _____ Country: _____

Phone Number: _____ Work Number: _____ Email: _____

EDUCATION:

High School: _____ College: _____

CERTIFICATION OF EDUCATION

High School () G.E.D. () Other () Highest Grade Completed _____

By signing below I certify that I am a graduate of the above mentioned school, upon the date of: _____

Please briefly describe experiences you have in make-up, hairstyling, art & esthetics:

When would you like to begin: _____

Course of Interest:

- Beauty
- High Fashion Photography
- Film & Television
- Professional Makeup
- Master Make-up
- Photographic Hairstyling
- Salon Make-up
- Character Make-up
- Prosthetics Make-up
- Special Make-up Effects

Employment Goals

- Fashion Industry
- Photography
- Film/TV
- Cosmetic Sales
- Theatre
- Special Make-up Effects

PLEASE CHECK ALL APPROPRIATE BOXES (Statistical use only by State and Federal Agencies)

- | | |
|--|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Limited English |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Native American | <input type="checkbox"/> Speech Impairments |
| <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Hearing Impaired |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Physical Impairments |
| <input type="checkbox"/> Resident Alien or Refugee | <input type="checkbox"/> Other Impairments |

References: _____

Do you want to purchase a makeup materials package from Cinema Makeup School? () Yes () No

Do you need housing assistance? () Yes () No

Do you want assistance finding a roommate? () Yes () No

Applicant Signature: _____ Date _____