

Prestige Health and Beauty Sciences Academy

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APPLICATION-QUESTIONNAIRE

Please print clearly			
Passport Number	Issued		
	City	Province	Область/Край
Country	Date Issued	Дата окончания срока действия паспорта (день, месяц, год)	
Last Name (as in passport)			
First and Middle Name (as in passport)			
Place of Birth:			Citizenship
City	State/Province	County/Region/District	
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth: (DD/MM/YYYY)	Home address	
Home Phone	Work Phone	Mobile Phone	
Home Fax	Work Fax	Pager	
Marital Status : Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/>	Full name of your husband or wife (even if you are divorced or separated. Wife's maiden name must be provided)		Date of Birth of the wife/husband (DD/MM/YYYY)
Name and full address of your employer. P.O. BOX is not acceptable			
Name:		Address:	
What is your occupation at the present time? If student, state Student.		When are you planning to arrive for studies in the USA (Estimate the earliest possible date)	Your e-mail address
At what address do you intend to stay in the USA? (provide sponsor's address, if you have one)			
Names and phone numbers of people with whom you are planning to stay			
Name: Last, First	Home Phone	Work phone	Mobile Phone

APPLICATION FOR ADMISSION TO THE PROGRAM (PROGRAMS) OFFERED TO THE INTERNATIONAL STUDENTS

I HEREBY APPLY FOR ENROLLMENT INTO THE FOLLOWING PROGRAM (PROGRAMS)

PROGRAM NAME	LENGTH OF THE PROGRAM	COST OF THE PROGRAM (Includes Books and Fees)	PLEASE CHECK SELECTED PROGRAM
MEDICAL ASSISTANT 1350 hours	Full Time / 10 Months	\$9,460.00	
DENTAL ASSISTANT 1350 hours	Full Time / 10 Months	\$8,920.00	
PATIENT CARE TECHNICIAN (Nursing Assistant, Home Health Aide, Patient Care Assistant) 600 hours	Full Time 600 Hours/15 Weeks Part Time 600 Hours/20 Weeks	\$5,900.00	
THERAPEUTIC MASSAGE PROGRAM Anatomy & Physiology, Massage Theory and Clinical, plus Allied Modalities 600 hours	Full Time 600 Hours/20 weeks	\$6,950.00	
COSMETOLOGY PROGRAM Hair Shaping, Color, Permanent Wave, Relaxing, Styling, Nails, Facials and Makeup. 1200 hours.	Full Time 1200 Hours/7-8 Months; Part Time 1200 Hours/10 Months	\$8,370.00	
NAIL TECHNICIAN PROGRAM Basic & Advanced Manicure & Pedicure, Nail Extensions 300 hours	Full Time 300 Hours/7.5 - 8 Weeks; Part Time 300 Hours/10 Weeks	\$1,850.00	
SKIN CARE/FACIAL PROGRAM Makeup - Color Analysis - Facials - Skin Care - Hair Removal 300 hours	Full Time 300 Hours/7.5 - 8 Weeks; Part Time 300 Hours/10 Weeks.	\$2,150.00	
FULL SPECIALIST PROGRAM Basic & Advanced Manicure & Pedicure Nail Extensions, Makeup, Color Analysis, Facials, Skincare, Hair Removal 600 hours	Full Time 600 Hours/15 Weeks; Part Time 600 Hours/20 Weeks	\$3,850.00	

I confirm that I was advised that the education costs stated hereinabove represent the full costs in accordance with the school [Catalog](#) and may be reduced after partial credit for courses that I already took in the similar type school.
 I hereby request the Admissions Office of the Prestige Health and Beauty Sciences Academy to review my education credentials on the subject of accepting a partial credit for my prior studies.
 Certified copies of the supporting documents for my educational credentials are attached as follows: (check all that apply)
 degree/diploma with transcript reflecting subjects of studies, hours for each subject and grades achieved
 documentation from educational institution where I am currently enrolled, with transcript reflecting subjects of studies, hours for each subject and grades achieved
 documentation from the vocational training center, confirming subjects of studies, hours for each subject and grades achieved

ACCOMODATIONS	THE ACADEMY DOES NOT PROVIDE THE ACCOMODATIONS. WE PROVIDE ASSISTANCE TO STUDENTS TO FIND ACCOMODATIONS IN LOCAL MOTELS, HOTELS AND PRIVATE APPARTMENTS. ESTIMATED COST FROM \$250 PER MONTH
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	ITEM	AMOUNT	RECEPIENT
PROCESSING COSTS AND FEES	FOREIGN STUDENT DOCUMENT PROCESSING FEE	\$200	Prestige Health and Beauty Academy
	SEVIS FEE	\$200	SEVIS (through Prestige Health and Beauty Academy)
	REGISTRATION FOR THE CHOSEN PROGRAM OF STUDY	\$100	Prestige Health and Beauty Academy
TOTAL:		\$500	YOUR SIGNATURE

I confirm that, I have read and understood all the questions and information contained in this Application-Questionnaire. All answers provided by me are true and accurate. I understand that false or misleading information may cause a denial in the issuance of the US visa or permanent ban on the entry into the United States. I also understand that issuance of the visa does not fully guarantee entry into the United States, and that I may be refused entry if there will be valid reasons for it.

I also understand that **should I be denied the visa for any reason** the **100% of the amount paid for education shall be refunded to me** via wire transfer to my account or refunded to credit card **with the exception of the PROCESSING COSTS AND FEES** in the amount of \$500 (Five hundred US dollars), which is **non refundable**.

I confirm that that in **CASE THAT THE STUDENT VISA IS GRANTED TO ME, BUT I FAIL TO START SCHOOL AS SCHEDULED, THE REFUND SHALL COME TO 75% FROM THE AMOUNT PAID FOR THE TUITION IF I FORMALLY CANCEL WITHIN 30-60 DAYS OF MY SCHEDULED START, 50% FROM THE AMOUNT PAID FOR THE TUITION IF I FORMALLY CANCEL WITHIN 60-90 DAYS OF MY SCHEDULED START, AND NO REFUND IF CANCELLED AFTER 90 DAYS.**

Applicant's Signature _____

Date (DD/MM/YYYY) _____