



Makeup Workshop Application

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____

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

Phone Number: _____ E-mail: _____

Employed by: _____ Title: _____

Education/Training

High School: _____ College: _____

Vocational School: _____ Additional: _____

Marinello Graduate: _____ Program/Location: _____ Year: _____

Highest Grade Complete: _____ GED _____ HS _____ Other _____

Emergency Contact: _____

Briefly describe your experiences with the Beauty industry; Hairstyling, Skin care, and Makeup:

Phase # 1 **Phase # 2** **Phase # 3**
Beginner/Intermediate _____ Intermediate/Advanced _____ Advanced/Special EFX _____

CAMPUS YOU WANT TO ATTEND MAKEUP CLASS

- BELL BURBANK HEMET ONTARIO LOMITA WHITTIER INLAND EMPIRE AREA
- PALMDALE LOS ANGELES AREA SOUTH BAY ORANGE COUNTY SAN DIEGO AREA
- NORTHERN CALIFORNIA AREA/ SAN FRANCISCO/SAN MATEO/ EAST BAY

Preferred Schedule—Day _____ Evening _____ Weekend _____
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Total Tuition	\$ _____	New Balance Due	\$ _____
Total Kit & Supplies	\$ _____	Final Payment	\$ _____
Less Discounts	\$ _____	Method of Payment	_____
Less Deposits	\$ _____	Date of Final Payment	_____
Total Balance Due	\$ _____	Received by:	_____

Student Signature