



WEST
2903 Mt. Vernon Avenue
Evansville, Indiana 47712
812-429-0110 ext.2
812-437-0266 fax

EAST
105 N Greenriver Rd.
Evansville, Indiana 47715
812-402-1100 ext.2
812-402-4889 fax

www.rogershair.com

Name: _____ Date: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____ Maiden Name: _____

Email: _____ Cell Phone (circle): Y or N Carrier: _____

Education: Circle Last Year Completed 9 10 11 12 13 14 15 16 Year Graduated _____ Year GED _____

Name of High School: _____ City: _____ State: _____ Zip: _____

Are you applying for Financial Aid to Attend Our College? Yes or No Have you ever been convicted of a felony? Yes _____ No _____

Will a Health Handicap Prevent You From Having Good Attendance? Yes or No If yes, explain _____

Which Program, Month, & Campus are you Interested in attending? Barbering _____ Cosmetology _____ (Please circle the date(s) that applies)

WEST CAMPUS: Jan. 14, 2020 Feb. 25, 2020 April 7, 2020 May 19, 2020 June 23, 2020 Aug. 11, 2020 Sept. 22, 2020 Nov. 3, 2020

EAST CAMPUS: Jan 14, 2020 Feb 25, 2020 April 7, 2020 May 19, 2020 June 23, 2020 Aug 11, 2020 Sept. 22, 2020 Nov. 3, 2020

Are You Currently Employed? Yes _____ No _____ If Yes, Where? _____

How did you learn about Roger's Academy: Internet ___ Mailer ___ Friend/Family ___ Salon ___ Advertising ___ Other: _____

Was Our College Recommended? Yes _____ No _____ If Yes, Explain: _____

Father's Name: _____ Phone#: _____ Mother's Name: _____ Phone#: _____

Grandparent's Name: _____ Address: _____ Phone#: _____

Spouse's Name: _____ Phone#: _____

Have You Attended Any Other School Higher Than The 12th Grade? YES ___ NO ___ Right Handed ___ Left Handed ___