



**Cosmetology Program
Teacher Trainee Application**

Date _____

Name _____

Address _____

Number & Street

City, State, Zip Code

Home Phone _____ Work Phone _____

Cosmetology School Attended _____

Year Graduated _____ Cosmetology License Number _____

Social Security Number _____ Date of Birth _____

Degree AA BA If none, why? _____

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Validated On

Validated By