



**JOHNNY  
MATTHEW'S**

HAIRDRESSING  
TRAINING SCHOOL

255 Liberty St, NE  
Salem, Oregon 97301  
503 902 5288  
johnnymatthews.com  
admissions@johnnymatthews.com

**APPLICATION FOR ADMISSION**

First	Middle Initial	Last			
Address					
City	State	Zip			
Have you ever applied to this school before? <i>Circle One</i>	Yes	No	When?		
Have you ever attended this school before? <i>Circle One</i>	Yes	No	Did you graduate?	Yes	No
If you did not graduate, what was the reason you left?					
Daytime Phone Number					
Evening Phone Number					
Cell Phone Number					
Email Address					
Date of Birth	month/day/year				

**Emergency Contact Information (Optional)**

Name	
Street Address	
City, State, Zip	
Phone Number	

**EDUCATION**

**Secondary Education:**

High School Graduate/GED – Year \_\_\_\_\_

Did not complete high school

**I have completed the following postsecondary education: (Check all that apply)**

Have not attended college

Associate degree

Some college

Bachelor degree

Private career school certificate/diploma

Other (Describe below)

List the name and location of the institution(s) you attended, including high school:

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Are you currently employed? (Choose one)

Yes, 35+ hours / week

Yes, less than 35 hours/week

No, not at this time

Retired

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I am pursuing admission for the following reason: (Choose one)

Career preparation and employment

Advanced training / Continuing education

Personal development / Self improvement

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I intend to enroll in the following program:

*Barbering*

*Hair Design*

I certify that all statements on this application and accompanying documents are complete and true. I also understand that if I am admitted and do not enroll for the "start date" to which I am admitted, I may need to reapply for admission. I understand that submitted materials will not be returned or duplicated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A non-refundable \$50.00 application fee, payable to Johnny Matthew's Hairdressing Training School (JM) must accompany your application. No application is processed without payment of the application fee. JM accepts cash, checks, Visa and MasterCard, and PayPal for payment(s).

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Is there any other information you would like to provide that might impact your ability to benefit from the program (i.e., physical limitations, dyslexia, attention deficit disorder, etc.)?

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_