



Makana Esthetics Wellness Academy

1168 Waimanu Street, 2nd Floor, Honolulu, HI 96814
Phone: (808) 591-6090 Fax: (808) 591-6092
www.MakanaAcademy.com

Student Enrollment Application

GENERAL INFORMATION

First Name _____ Last Name _____

Date of Birth _____ Social Security Number _____

Mailing Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

Occupation _____ Employer _____

Person to contact in case of emergency

Name _____ Telephone Numbers _____ Relation to Contact _____

Name _____ Telephone Numbers _____ Relation to Contact _____

FOR ADMINISTRATIVE USE ONLY			
Tuition _____	Payment _____	Start Date _____	
Course _____		End Date _____	

EDUCATIONAL BACKGROUND

A High School Diploma or GED equivalent is a prerequisite to enrollment in a Makana Esthetics Wellness Academy (a.k.a. Makana Academy) programs, unless otherwise specified in the program outline. **Attach a copy of either of these documents to complete this application.**

Did you graduate from High School?

Yes No

If no, do you have a GED equivalent?

Yes No

Name of High School

City, State

Have you attended a Post-Secondary School?

Yes No

Name of School

City, State

Any special emphasis courses?

What level of education have you completed? (Check all that apply)

High School Diploma (or GED equivalent) Undergraduate Degree Graduate Degree Other _____

Do you have any education/experience related to Esthetics?

Yes No

If yes, please explain:

Have you studied any anatomy, physiology or biology?

Yes No

If yes, how advanced were your studies?

ESTHETICS INTEREST

How did you hear about Makana Academy? (Check all that apply)

Print ad Friend Yellow pages Career Fair Other _____

How did you decide you wanted to become an Esthetician?

Have you ever had a manicure, pedicure, facial or spa treatment?

Yes No

What area of Esthetics are you most interested in?

Make-up Skin care Hair removal Facials Not sure

PROGRAM INTEREST

I am applying for the following program (Please check one)

Core Esthetics Program 600 hours Other _____

I am applying for enrollment in the program beginning on _____

PROSPECTIVE STUDENT HEALTH

Do you have any health problems we should be aware of?

Yes No

If yes, please explain:

Are you currently under a physician's care?

Yes No

If yes, please explain:

Are you taking any prescription or over-the-counter medication we should be aware of?

Yes No

If yes, please specify:

Will you have any special needs or requirements while attending Makana Academy?

Yes No

If yes, please explain:

Do you have any allergies or medical conditions which may prevent you from receiving and/or giving hands-on treatments during the practical portion of this program?

Yes No

If yes, please explain:

Do you have any condition (i.e. physical, emotional or otherwise) that we should be aware of and/or may prevent you from full participation in your program at Makana Academy?

Yes No

If yes, please explain:

Prospective students should be aware that full participation in esthetic treatments, both giving and receiving, is a requirement for satisfactory progress and program completion at Makana Academy. Prospective students must understand that without a physician's certification, failure to participate fully in clinical treatments and practical experience, will adversely affect your grades. This may even affect your ability to complete the program and graduate from Makana Academy.

Any condition that may prevent full participation must be fully disclosed prior to your enrollment. Makana Academy must be given the opportunity to accommodate you during your program. Please attach a physician's certification describing your condition and how it would affect your ability to fully participate.

Financial Responsibility

How do you intend to pay for your education at Makana Academy? (Please check one)

- I will be paying for the program with my own finances
- I will be paying for the program with the finances of another individual* or a financial institution
- Other _____

*If another individual (parent, guardian or other) will be financially responsible for your tuition, please provide the following information:

 Name of Guarantor Phone Number of Guarantor

 Address of Guarantor City State Zip Code

 Signature of Guarantor Date

1 Payment		1st Payment
	Tuition	\$8,000.00
	HI Get 4.712 %	\$376.96
	TOTAL DUE	\$8,376.96

2 Payment Plan**		1st Payment	2nd Payment
	Tuition	\$4,000.00	\$4,000.00
	HI GET 4.712%	\$188.48	\$188.48
	ADMIN FEE	\$50.00	\$50.00
	TOTAL DUE	\$4,238.48	\$4,238.48

4 Payment Plan**		1st Payment	2nd Payment	3rd Payment	4th Payment
	Tuition	\$2,000.00	\$2,000.00	\$2,000.00	\$2,000.00
	HI GET 4.712%	\$94.24	\$94.24	\$94.24	\$94.24
	ADMIN FEE	\$50.00	\$50.00	\$50.00	\$50.00
	TOTAL DUE	\$2,144.24	\$2,144.24	\$2,144.24	\$2,144.24

Tuition costs are subject to change without notice.

**Transcripts and Certificate of Completion will not be issued until payment is received in full.

DOCUMENTATION & FEE

Applicants must attach required documents and a \$100 application fee with completed applications. The application will be considered incomplete without these documents and deposit. Prospective students may submit the completed application and deposit first, then submit the required documents separately. However, all documentation must be submitted *no later than 14 calendar days* prior to the start date of the selected program.

Documentation Requirement:

- High School Diploma or GED Equivalent
- Physician's Certification (if applicable, see Prospective Student Health)

PLUS, any two (2) of the following:

- Birth Certificate
- Driver's License
- Social Security Card
- State-Issued Photo ID
- U.S. Passport

\$100 non-refundable application fee:

- I have attached my \$100 non-refundable fee

Before submitting your application, please review it very carefully to make sure each section has been completed accurately and in its entirety. If a question or section of this application does not apply to you, please mark N/A. Do not leave anything blank. All documentation and \$100 non-refundable application deposit are required to process your application. Incomplete applications or applications submitted without proper documentation or application deposit will not be processed.

To the best of my knowledge, this application has been completed with true and accurate information. I understand that supplying false information on any portion of this application may result in the rejection of this application or may result in expulsion from Makana Academy if this information is found false at any time during my enrollment.

Signature of Applicant

Date

Full name of Applicant (please print)

For the purpose of securing enrollment, completed applications may be submitted by fax to (808) 591-6092. However, students must still submit the original application (with original signatures), including all documentation and application deposit prior to the start of their program.

SUBMIT COMPLETED APPLICATIONS BY MAIL TO:

Makana Esthetics Wellness Academy
1168 Waimanu Street, 2nd Floor
Honolulu, HI 96814

www.MakanaAcademy.com
Phone: (808) 591-6090
Fax: (808) 591-6092
info@MakanaAcademy.com