



## COSMETOLOGY PROGRAM APPLICATION

To be eligible for admissions to the Cosmetology program, this application packet must be completed and submitted to Ms. Geraldine Overbey. Applications for Spring enrollment must be submitted by October 15<sup>th</sup>. This packet may be scanned and emailed to [Geraldine\\_overbey@asun.edu](mailto:Geraldine_overbey@asun.edu), delivered in person at Marked Tree, or mailed to:

ATTN: Ms. Overbey  
Cosmetology Application  
P.O. Box 280  
Marked Tree, AR 72365

It is the applicant's responsibility to ensure that the application is submitted by the due date. Please request an e-mail confirmation or call 870-358-8610 if you choose not to deliver the packet in person. Applications received after the due date will not be processed.

All applications will be reviewed and selections determined by November 1<sup>st</sup> for the Spring term. A letter of notification will be sent to every student.

**Arkansas State University-Newport  
at Marked Tree  
Cosmetology Program**

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**COMPLETE ALL SECTIONS: TYPE OR PRINT**

Name: \_\_\_\_\_  
Last                      First                      Middle                      Maiden

Address: \_\_\_\_\_  
Mailing Address Only

\_\_\_\_\_   
City                                      State      Zip                      County

SS Number: \_\_\_\_/\_\_\_\_/\_\_\_\_      Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_      \_\_\_ Male \_\_\_ Female

E-Mail \_\_\_\_\_  
Please print legibly

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Have you previously attended a Cosmetology Program?      Yes      No

If yes, please explain:

**I affirm that all information supplied is complete and accurate. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, cancellation of admission or suspension from college.**

**I understand that if selected for the Cosmetology Program, I will be required to attend a program orientation. For the orientation, I will be required to bring a current Driver's License (or ID) and a money order made out to the Arkansas Department of Health for a student permit.**

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**Applicant's Signature**

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**Date of Application**

## Application Checklist

**Incomplete applications or applications with missing items will not be processed**

- Application-completed, signed and dated
- College Entrance Exam Scores:
  - Required: ACCUPLACER                      Reading Score: 80 or higher
  - COMPASS (within last 5 years)      Reading Score: 83 or higher
  - ACT                                      Reading Score: 19 or higher
- Essay: You must include a typed, original essay that explains:

1. Why are you considering Cosmetology as a profession?
2. Why did you choose our Cosmetology Program?

The essay must be no more than 400 words and generally free of errors.

- Three (3) letters of recommendation.
- A current ASU-Newport Student ID Number: \_\_\_\_\_  
You must have been accepted to ASU-Newport to receive a valid ID number. You may complete an application at [www.asun.edu](http://www.asun.edu). Call 870-512-7800 if you have questions concerning the application process.
- Original copy of high school transcript or GED.

For Office Use Only:

Date Rec'd \_\_\_\_\_ By \_\_\_\_\_

Score: \_\_\_\_\_