



Perspective Student:

Thank you for expressing interest in the Apollo School of Manicuring. We are accepting applications for the upcoming academic year. This program is a **Part-Time, 200 clock hour-based, 5-month program. Each academic year we hold 2 classes, we will enroll 16 students into our evening program.** Attached are the application materials for the Manicuring Program. Applications are processed on a first-come, first-served basis and are kept on file for 3 years from the date of receipt.

**The part-time evening classes** are held Monday and Wednesday from 4:00pm to 9:30pm. There will be additional extra hour opportunities that students are encouraged to participate in.

If you are interested in the program, please begin the application process immediately upon the receipt of these materials, please return the 7-page application (pages 3-9) with the \$30 fee. If you have any questions or concerns, please call 567-940-3889.

Sincerely,

Allison Williamson  
Spa Technology Manager

*Apollo Career Center*  
*3325 Shawnee Road, Lima, OH 45806-1497*  
*Instructions for Application— Manicuring Program*

1. Print or type the information requested on the application, including reading, signing, and dating in the areas requested on the 7-page application (pages 3-9)
2. Return the completed 7-page application (pages 3-9) application along with the \$30 application fee to Apollo Career Center, Manicuring Program, 3325 Shawnee Road, Lima, OH 45806-1497.
3. **Complete the following step that applies to you:**

<ol style="list-style-type: none"><li>a. If you are a high school graduate, complete the form, “Request for High School Transcript” and submit it with any required fee to your high school for them to mail to Apollo School of Manicuring</li><li>b. If you have a GED diploma, complete the transcript request online at <a href="http://ged.com">ged.com</a>.</li><li>c. If you are currently in high school, complete the “Request for High School Transcript” for a current transcript</li></ol>
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4. Complete the top portion on the one (1) work reference for your current or most current employer and the two (2) personal reference forms from persons NOT related to you. Address three (3) envelopes to Apollo Career Center, Manicuring Program, 3325 Shawnee Road, Lima, OH 45806-1497. Place the proper postage on each envelope. Give the reference form and envelope to the appropriate reference person. **THESE REFERENCES MUST BE MAILED TO APOLLO DIRECTLY FROM THE REFERENCE PERSON.** References will NOT be accepted from the applicant. The applicant does NOT have the right to review these confidential materials.
5. Once your application, transcripts, and references have been received Apollo will sign you up for the pre-entrance test (WorkKeys).
6. Applicants must take one Manicuring Entrance Test: Work Keys Assessment Test. Areas of testing are ACT WorkKeys Applied Math, Graphic Literacy, and Workplace Documents. If the applicant is unsuccessful with the test after two attempts, documentation of successful remedial work must be submitted by the Aspire Instructor to our office before the third and final test can be scheduled.
7. **Criteria for Being Scheduled for the Manicuring Entrance Test:**

When Pages 3-9 of the application have been submitted to Apollo, you will be notified of a test date:

  - Application + Application fee (\$30)
  - Official High School Transcript or Transcript of Equivalency
  - 2 **Positive** Personal References
  - 1 **Positive** Work Reference
  - 1 Signed copy of Admission Policy (a copy will be retained to you.)
  - **Applicants who miss the pre-entrance test when scheduled, must call to reschedule. Entrance tests are only given once a month. Applications are held for up to 3 years from date of receipt. If your file is placed inactive, you would call to reactivate your file within those three years.**
8. Apollo will contact you regarding an interview following successful pre-entrance testing.

<b>Apollo Career Center</b> <b>3325 Shawnee Road</b> <b>Lima, OH 45806</b> APPLICATION – Manicuring Program
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Complete and return form to Apollo Career Center. Application fee of \$30 is to be submitted with the application. DO NOT put cash in the mail. Check or money order should be payable to Apollo Career Center.

Date \_\_\_\_\_

**A. Identification**

- 1. Name in full \_\_\_\_\_  
 (Last) (First) (Middle) (Maiden)
- 2. Mailing Address \_\_\_\_\_  
 (Number / Street / PO Box/ or RR) (City) (State) (Zip)
- 3. Phone # \_\_\_\_\_ Cell # \_\_\_\_\_
- 4. Social Security Number \_\_\_\_\_
- 5. \*Email Address \_\_\_\_\_

\*Primary means of communication will be through your email account. If you do not have one please use the free resources through msn, yahoo, google, etc... to obtain a free account. An active email is required for federal financial aid and will be used to notify you of various things throughout your schooling and your status in the program. If you have concerns regarding this please let me know.

**B. Education**

- 1. Are you a high school graduate?      YES      NO      WILL BE on \_\_\_\_\_  
 • If yes, list name and address of the high school from which you graduated & date of graduation.  
 \_\_\_\_\_  
 (Name) (Address) (Date)
- If no, do you have a GED certificate?      YES      NO  
 If yes, List name and address of the school from which you received your certificate & date.  
 \_\_\_\_\_  
 (Name) (Address) (Date)

2. List any other school(s) that you have attended since high school.

School Name	Address	Date Attended	Area of Study

- Have you ever been in a Cosmetology program?      YES      NO  
 If yes, List school and date.  
 \_\_\_\_\_

## Application – Manicuring

**Read the following BEFORE you sign. Your signature will indicate that you have read and understand.**  
If you do not understand, please ask for an explanation BEFORE you sign.

Upon successful completion of the Manicuring Program you will be eligible to apply for State Licensure examination upon graduation\*\*. What does this mean to you? It means that you can be employed as a Manicurist before you are licensed. To date, you are not required to take the State Licensure exam in the state of Ohio to be employed. Upon Successful completion students may apply for a temporary work permit that works in place of a License through the Board of Cosmetology. However, most institutions require that you be Licensed before you can be hired. State Law also requires that individuals applying for a Independent Contractors License must hold a valid license with the State Board of Cosmetology in order to be granted the Independent Contracting License; meaning students with a temporary work permit **are not** eligible to booth rent until they hold a valid license with the state board of cosmetology. If certification is not sought, your employment can be terminated. You cannot take the State Licensure Exam unless you complete a clock hours-based program from a licensed school

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

**\*\* You must meet the requirements of the State Board of Cosmetology in order to take the State Licensure examination. Graduation from this program does not guarantee you will eligible or be able to provide satisfactory scores for the test. For more information about the requirements of the Exam please visit their website at <https://cos.ohio.gov/>**

**Read the following BEFORE you sign. Your signature will indicate that you have read and understand.**  
If you do not understand, please ask for an explanation BEFORE you sign.

I, \_\_\_\_\_, understand that

1. This is only an application and does NOT assure me of enrollment into the school.
2. All factors of the entrance requirements are reviewed by an Admission Committee.
3. I will accept the decision of the admission committee.
4. If I am enrolled the school has the right to ask for my resignation at any time, if I fail scholastically, or do not meet the other standards of the program.
5. Graduating from this program does not guarantee that I will pass the State Licensure Exam through the State Board of Cosmetology

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

## **PROGRAM REQUIREMENTS**

Success as a Manicuring student depends on many variables. Among them are academic ability and certain technical abilities or competencies. Most Esthetics positions involve standing for long hours and performing activities that require mobility.

**MINIMUM ACCEPTABLE MENTAL & PHYSICAL COMPETENCIES** – the competencies listed below represent the **minimum** abilities necessary to successfully complete course and program objectives. The inability to meet these competencies may interfere with meeting course and program objectives and, therefore, may result in termination or withdraw from the program.

1. Carry out procedures that prevent the spread of infection (*examples*: frequent hand washing, using mask and gloves when needed, create and maintain sanitized and disinfected fields, etc.).
2. Satisfactorily complete clinical laboratory experiences up to and including eight hours in length.
3. Demonstrate ability to effectively and safely perform a variety spa services.
4. Listen and follow directions based off of instruction.
5. Communicate effectively and appropriately, with clients pertaining to issues and concerns.
6. Make appropriate decisions in a timely manner when stressful situations arise.
7. Demonstrate ability to effectively perform spa services using a variety of equipment.
8. Interpreting client concerns and carrying them out based off of client intake forms.
9. Use tactful and gentle language when discussing delicate topics with clients.
10. Receive constructive criticism from both instructors and clients.

Applicants are responsible for determining their own eligibility in light of these competencies. Students with disabilities who enter the program do so with the understanding they will be expected to meet course requirements, with reasonable accommodation that may be provided. All students are required to successfully complete all competencies that are required for graduation.

Requests for reasonable accommodation will be evaluated by the faculty and program manager as they arise throughout the program. The Program Manager may request a meeting with a student with a disability if concerns arise regarding the student's ability to provide safe and effective client care.

**Your signature will indicate that you have read and understand.**

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

## Admission Policy

It is the policy of Apollo Career Center that education activities, employment, practices, programs, and services are offered without regard to race, color, national origin, sex, religion, age or disability.

The admission policy of the Manicuring Program assists the Admission Committee to select candidates who will be successful in the program.

The following is the procedure for being accepted as a candidate for the Manicuring Program

1. Request an application packet. The packet contains an application, work, and personal reference forms, request forms for high school or G.E.D. transcript, and one (1) copy of the admission policy. These forms need to be completed and processed as indicated on the enclosed instruction sheet.
2. Submit the 7-page application (pages 3-9) and the application fee of \$30. Applications are reviewed on a first-come, first served basis. There is **NO REFUND** of fees paid in the admission procedure.
3. Request and submit a copy of your high school or equivalency transcript.
4. Required references: Two (2) positive personal references from persons **NOT RELATED** to the applicant and one (1) positive work reference from the current or most recent employer are required. **THE PERSON GIVING THE REFERENCE MUST MAIL references to Apollo. REFERENCES WILL NOT BE ACCEPTED FROM THE APPLICANT. The applicant does NOT have the right to review these confidential materials.**
5. The applicant is required to take the **WorkKeys Assessment** at Apollo Career Center. Assessment **MUST** show aptitude for Manicuring .  
Areas of testing are ACT WorkKeys Applied Math, Graphic Literacy, and Workplace Documents. If the applicant is unsuccessful with this test after two attempts, documentation of successful remedial work must be submitted before the third and final test can be schedule.

### **Criteria for Being Scheduled for the WorkKeys Test:**

When ALL of the following items have been submitted to Apollo, you will be notified of a test date:

- Application
- Application fee
- High School Transcript or Transcript of Equivalency
- 2 Positive Personal References
- 1 Positive Work Reference
- 1 Signed copy of Admission Policy (a copy will be retained to you.)

6. If applicants meet all of the above criteria, they will be scheduled for an admission interview with the program manager, without the above completed no interview will be scheduled. **The minimum down payment of \$800.00 will be required to be paid at the time of the meeting with the program manager so that a formal payment plan can be finalized. Example of short term (10 week) and long term (20 week) payment plans can be seen below. Payments will be due on the 15<sup>th</sup> of each month.**

**Total Plan Amount \$1,200.00**

Charges Included	Payment #	Due Date	Amount	Balance	Status
\$2,000.00 Manicuring Tuition	Initial	6/22/2021	\$800.00	\$0.00	POSTED
	# 1	10/15/2021	\$300.00	\$0.00	**PAID**
	# 2	11/15/2021	\$300.00	\$0.00	**PAID**
	# 3	12/15/2021	\$300.00	\$0.00	**PAID**
	# 4	1/15/2022	\$300.00	\$0.00	**PAID**
				Total Plan Balance	\$0.00

**Current Total Due \$0.00**

**Total Plan Amount \$1,200.00**

Charges Included	Payment #	Due Date	Amount	Balance	Status
\$2,000.00 Manicuring Tuition	Initial	4/11/2022	\$800.00	\$0.00	POSTED
	# 1	6/15/2022	\$600.00	\$0.00	**PAID**
	# 2	7/15/2022	\$600.00	\$0.00	**PAID**
				Total Plan Balance	\$0.00

**Current Total Due \$0.00**

\*plans are subject to change

7. The applicant is informed in writing of the decision of the Admission Committee. The decision is based on high school grades or equivalency scores, positive references, interview, and Assessment Test.
8. The applicant is required to attend the Orientation prior to starting school. This date is listed on the program calendar.
9. The applicant is required to have **basic computer knowledge** prior to starting the Manicuring Program.

I, \_\_\_\_\_, have read and understand what is required of me to become a candidate for the Manicuring program.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of the Manicuring Program Manager)

\_\_\_\_\_  
(Date)

.....

I, \_\_\_\_\_, hereby give the Faculty of Apollo Career Center permission to review my application materials for the purpose of determining my acceptability as a candidate for the Manicuring Program.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

Applicant: please fill out information and give to high school and SCHOOL needs to MAIL this to:  
**Apollo Career Center    Manicuring    3325 Shawnee Road    Lima, OH 45806-1454**

### Request for High School Transcript

Please send an official transcript to:

Apollo Career Center  
Attention: Manicuring Program  
3325 Shawnee Road  
Lima, OH 45806-1497

For:

Applicant's Name \_\_\_\_\_

Year of Graduation \_\_\_\_\_

Name at Time of Graduation \_\_\_\_\_

School from which graduated: \_\_\_\_\_

Last 4 digits of your social security number: \_\_\_\_\_

Birthday: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Phone #)

\_\_\_\_\_  
(Date)



**Apollo Career Center**  
**Manicuring**  
3325 Shawnee Road  
Lima, OH 45806-1497

**WORK REFERENCE**

I, \_\_\_\_\_, give my permission to the business/institution/person identified below  
*(Applicant name printed here)*  
as a work reference to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
*(Applicant signs here)*

Name of Business/Institution: \_\_\_\_\_

Mailing Address \_\_\_\_\_

.....  
The above mention person has identified the above business or institution as a work reference. We would appreciate your assistance in helping us determine acceptability for the Manicuring Program.

Employed as \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
*(position)*

Reason for leaving (if not presently employed) \_\_\_\_\_  
\_\_\_\_\_

Personal appearance: \_\_\_\_\_  
\_\_\_\_\_

Work Attitudes: \_\_\_\_\_  
\_\_\_\_\_

Physical & Emotional health: \_\_\_\_\_  
\_\_\_\_\_

Punctuality & Reliability: \_\_\_\_\_  
\_\_\_\_\_

If given the opportunity, would you re-hire this individual?      YES      NO

Comments:

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

Position: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Apollo Career Center**

**Manicuring**

3325 Shawnee Road

Lima, OH 45806-1497

**PERSONAL REFERENCE**

I, \_\_\_\_\_, give my permission to the person identified below

*(Applicant name printed here)*

to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

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

*(Applicant signs here)*

Name of Personal Reference: \_\_\_\_\_

Address \_\_\_\_\_

(Number / Street / PO Box/ or RR)

(City)

(State)

(Zip)

.....  
The following information will be used to determine acceptability for the Manicuring program. Your assistance is appreciated.

How would you rate the individual on the following traits?

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Cooperation				
Tact				
Dependable				
Punctual				
Honesty				
Integrity				
Initiative				
Perseverance				
Tolerance				
Poise				
Character				

Does he/she like to work with people?      YES      NO

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person? \_\_\_\_\_

Additional Comments:

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_

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**Apollo Career Center**  
**Manicuring**  
3325 Shawnee Road  
Lima, OH 45806-1497

**PERSONAL REFERENCE**

I, \_\_\_\_\_, give my permission to the person identified below  
(Applicant name printed here)  
to provide information to Apollo Career Center. I further realize that any information will remain confidential between the school and the party giving the information.

Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Applicant signs here)

Name of Personal Reference: \_\_\_\_\_

Address \_\_\_\_\_  
(Number / Street / PO Box/ or RR) (City) (State) (Zip)

.....  
The following information will be used to determine acceptability for the Manicuring program. Your assistance is appreciated.

How would you rate the individual on the following traits?

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
Cooperation				
Tact				
Dependable				
Punctual				
Honesty				
Integrity				
Initiative				
Perseverance				
Tolerance				
Poise				
Character				

Does he/she like to work with people? YES NO

How long have you known this person? \_\_\_\_\_

In what capacity have you known this person? \_\_\_\_\_

Additional Comments:

Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_ Date \_\_\_\_\_



Dear Manicuring Student:

Below is the cost **ESTIMATED** for your attendance at Apollo's Manicuring program:

**2022-2023 Tuition** **\$2,000.00**

All tuition, books, lab kits (which include all tools and supplies needed to complete both the course and the state board exam,) workbook, State Board Examination Fees & 10 Panel Urine Drug Test uniforms (2 sets of black scrubs), are included in the cost of tuition.

**Start-up fee of \$800.00 is due Prior to the class start date, during your meeting with the program manager.** You will get a payment plan for the remaining \$1200 of your tuition.

**Additional costs** you will incur prior to, during, or near completion of the program include:

- Basic school supplies such as binder (I recommend one for manicuring and one for esthetics,) Pens, pencils, notebook, dividers
- Kit Storage- ex. A plastic tote, plastic tool box, any plastic container that is non-porous (meaning it be disinfected and will not absorb liquid)

I hope this will assist you in your financial aid planning for the program.

Sincerely,

Allison Williamson  
Manicuring Program Manager