

## Application Form

Please complete this application form and attach all required documents. Once completed please return via email or in person to admissions department.

### Personal Contact Information:

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

Student Name: \_\_\_\_\_  
Surname Initial Given Name

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Gender: Male Female

Mailing Address: \_\_\_\_\_  
Street No. Street Name Apt/Unit/Suite

\_\_\_\_\_  
City Province Postal Code

Phone Number: \_\_\_\_\_ (Primary) \_\_\_\_\_ (Alternative)

### Program Information:

Name of Program: \_\_\_\_\_

Expected Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Class Schedule: Day \_\_\_\_\_ Evening \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

### Educational Achievements: please indicate all that apply

Ontario Secondary School Diploma \_\_\_\_ Year Completed \_\_\_\_ Average Grade Achieved (gr. 12 only) \_\_\_\_

Secondary School Diploma received outside of Ontario \_\_\_\_ Year Completed \_\_\_\_

College diploma \_\_\_\_ Year completed \_\_\_\_ Average Grade Achieved \_\_\_\_

University Degree \_\_\_\_ Year completed \_\_\_\_ Average Grade Achieved \_\_\_\_

Please note that if you do not have an Ontario Secondary School Diploma or equivalent, you must successfully complete a pre-entrance evaluation test.

### Employment History:

Current Employer: \_\_\_\_\_ Dates of employment: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

### Industry Experience:

Do you have previous education or exposure to the industry associated with program of interest? Please check all that apply

- \_\_\_\_ Courses (if yes please indicate \_\_\_\_\_)
- \_\_\_\_ Co-op/ Volunteer programs (if yes please indicate \_\_\_\_\_)
- \_\_\_\_ Employment (if yes please indicate \_\_\_\_\_)
- \_\_\_\_ Experienced treatments in the industry of interest



HEALTH SCIENCES, WELLNESS, AESTHETICS, HAIR

**7500 Hwy 27 Rd. Unit 22  
Vaughan, ON, L4H 0S2**

Please write a short summary on why you have chosen this program of interest and Eden College for your career training.

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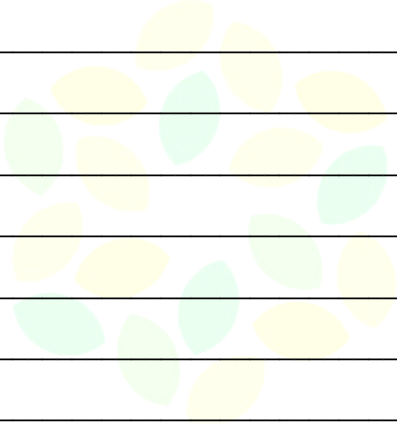
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**Financial Planning:** please indicate which of the following methods you plan on using to finance your education.

- Self- financing
- Friend or Relative
- RESP
- Student Loan/ Line of Credit
- Second Career Funding

Thank you for completing the Application Form. Please submit your application form via email or in person to one of our Admissions Representatives at: [admissions@edencollege.ca](mailto:admissions@edencollege.ca).

We look forward to meeting with you.