



AVEDA INSTITUTE  
MARYLAND

COSMETOLOGY | ESTHETICS/MAKEUP | MASSAGE THERAPY

## NEW STUDENT INQUIRY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CARRIER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PREFERRED CONTACT       EMAIL  PHONE  TEXT

WHICH PROGRAM ARE YOU INTERESTED IN?

- COSMETOLOGY                       ESTHETICS/MAKEUP
- MASSAGE THERAPY                 ADVANCE ACADEMY

REQUESTED START DATE \_\_\_\_\_  DAY OR  EVENING?

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION YEAR \_\_\_\_\_

WOULD YOU LIKE INFORMATION ON:

- PELL GRANTS                               STUDENT LOANS/FINANCIAL AID
- PAYMENT PLANS                          VA/GI BENEFITS



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