



FIRST NAME	LAST NAME	
DATE OF BIRTH	SOCIAL INSURANCE NUMBER (optional)	
MAILING ADDRESS – APT #	STREET	CITY
PROVINCE/STATE	POSTAL/ZIP CODE	COUNTRY
TELEPHONE	FAX	MOBILE
EMAIL		
OCCUPATION	EMPLOYER	

Please list three contacts in the event of an emergency:

NAME	TELEPHONE	ADDRESS
NAME	TELEPHONE	ADDRESS
NAME	TELEPHONE	ADDRESS

Please select one of the following:

- I am applying as a:
- Canadian citizen
  - Canadian Permanent Resident
  - International student (TOEFL or TOEC scores must be forwarded to the school or an internal English proficiency test will be administered)

**PROGRAM INTEREST**

- All applicants must have completed Grade 12 or be at least 19 years of age.
- Must possess good written skills and verbal English skills.
- Must have the ability to stand for long periods of time.
- Must have good depth perception and the ability to perceive line and form.
- Must have good manual dexterity.
- Must have good hand and eye coordination.
- Must have normal colour vision.

I would like to apply for the following program (please check your choice):

Global Makeup Program Starting On \_\_\_\_\_

Freelance Makeup Program Starting On \_\_\_\_\_

**FINANCIAL RESPONSIBILITY**

Have you ever had any types of loans? (school, personal)

Yes  No

If yes, please specify \_\_\_\_\_

Have you ever defaulted on a loan?

Yes  No

If yes, please specify the type of loan default \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Canadian citizens or Canadian Permanent Residents who have completed grade 12 or are at least 19 years of age are eligible for government financial assistance. Note: The Freelance Makeup Program is not eligible for government financial assistance.

Please check the appropriate box below:

I am paying for the course through my own finances

I would like to apply for a BC/Canada Student Loan

I am obtaining a loan through other means, please specify \_\_\_\_\_

Other \_\_\_\_\_

**EDUCATION INFORMATION**

Did you graduate from high school?

- Yes  No

If yes, please tell us where: \_\_\_\_\_

Did you attend a Post Secondary Institution?

- Yes  No

If yes, please tell us where: \_\_\_\_\_

Transcripts:

- My high school or college transcripts are enclosed

- My transcripts will be forwarded by \_\_\_\_\_

What level of education?

(please specify area of study and name of institution)

- High School

- Diploma, please specify \_\_\_\_\_

- Undergraduate Degree, please specify \_\_\_\_\_

- Graduate Degree, please specify \_\_\_\_\_

- Other, please specify \_\_\_\_\_

Have you studied chemistry or anatomy?

- Yes  No

If yes, how advanced were your studies?

\_\_\_\_\_

**HEALTH**

Do you have any allergies or skin sensitivities?

- Yes  No

If yes, please specify \_\_\_\_\_

Do you have normal depth perception or colour vision?

- Yes  No

Do you have normal manual dexterity?

- Yes  No

Do you have any painting or drawing experience?

- Yes  No

If yes, please specify \_\_\_\_\_

**GENERAL INTEREST**

Do you have any experience in photography, film and TV, or theatre?

- Yes  No

If yes, please specify \_\_\_\_\_

\_\_\_\_\_

Have you ever sold cosmetics?

- Yes  No

If yes, please specify \_\_\_\_\_

Do you prefer a job to be flexible or structured?

\_\_\_\_\_

Do you have any previous makeup experience or education related to the study of makeup? Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a chosen area of makeup that appeals to you the most? Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why do you want to be a makeup artist? Explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List 3 favourite movies which impressed you in terms of makeup artistry. (Please attach additional pages if required.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about Blanche Macdonald Centre?

- Reputation

- Advertising, please specify \_\_\_\_\_

- Internet

- Magazines/Newspapers, please specify \_\_\_\_\_

- Referral, please specify \_\_\_\_\_

- Other, please specify: \_\_\_\_\_

Why did you choose Blanche Macdonald?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This application has been completed by:

\_\_\_\_\_  
Name of Applicant (please print)

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Name of parent or guardian (please print)  
if applicant is under 19

\_\_\_\_\_  
Signature of parent or guardian  
if applicant is under 19

\_\_\_\_\_  
Date

Upon receipt of completed application and acceptance into the college, students must provide the appropriate enrollment fee. An official enrollment agreement will be issued and your name added to the list for the program/course of your choice.

Note: Course offerings, schedules, tuition fees, facilities and faculty are subject to change without notice. We also reserve the right to cancel or postpone classes due to inadequate enrollment.