

**REEL BEAUTY INC.
APPLICATION**

APPLICANT INFORMATION

Name:

Date of birth:

Age:

Phone:

Mobile:

Current address:

City:

State:

ZIP Code:

SCHOOL INFORMATION

Name of Elementary/High School:

School Address:

Phone:

City:

State:

ZIP Code:

Favorite subject in school:

Curricular Activities:

EMERGENCY CONTACT

Name of a relative:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

QUESTIONNAIRE FOR APPLICANT

Who is your role model and why?

If you have to rate your self-confidence, self-esteem and self-worth with 10 being the highest. What would be your rate?

How did you hear about Reel Beauty Inc?

What do you expect to receive from Reel Beauty Inc workshops?

Why are you participating in Reel Beauty Inc workshops?

What do you inspire to be?

SIGNATURES

I authorize the information provided above is valid. I have received a copy of this application for my records.

Signature of applicant:

Date:

Signature of parent/guardian:

Date:

SEND TO:

Reel Beauty Inc.
3473 S. Martin Luther King Drive #451
Chicago, IL 60616

***NOTE: There will be an interview process, once your application has been accepted.**