



WEST SIDE
2903 MT. VERNON AVENUE
EVANSVILLE, INDIANA 47712
812.429.0110 EXT. 2
812.437.0266 FAX

EAST SIDE
GREEN RIVER ROAD AT LLOYD EXPRESSWAY
EVANSVILLE, INDIANA 47715
812.402.1100
812.402.4889 FAX

WWW.ROGERSHAIRACADEMY.COM

APPLICATION

Name: _____ Date: _____ Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____ Maiden Name: _____

Education: Circle Last Year Completed 9 10 11 12 13 14 15 16

Name of High School: _____ Address: _____

City: _____ State: _____ Zip: _____

Are you applying for Financial Aid to Attend Our College? Yes or No

Will a Health Handicap Prevent You From Having Good Attendance? Yes or No If yes, explain _____

Which Month and Campus are you interested in attending? (Please circle the one that applies)

West Campus: Jan. 05, 2010 Feb. 16, 2010 March 30, 2010 May 11, 2010 June 22, 2010 Aug. 03, 2010 Sept.14, 2010 Oct.26, 201

East Campus: Jan. 12, 2010 Feb. 23, 2010 April 06, 2010 May 18, 2010 June 22, 2010 Aug. 10, 2010 Sept.21, 2010 Nov. 2, 201

Are You Currently Employed? Yes _____ No _____ If Yes, Where? _____

Was Our College Recommended? Yes _____ No _____ If Yes, Explain: _____

Father's Name: _____ Phone #: _____ Mother's Name: _____ Phone#: _____

Grandparent's Name: _____ Address _____ Phone#: _____

Spouse's Name: _____ Phone#: _____

Have You Attended Any Other School Higher Than The 12th Grade? YES NO T- Shirt Size