



INTERNATIONAL  
**SPA INSTITUTE**

**450 Hour Esthetics Program  
Application Packet  
2013**

## Welcome!

Thank you for your interest in the International Spa Institute. Our 450-Hour Esthetics Program is open to all individuals that are 16 years of age or older, and have completed at least a tenth grade education or equivalent. Proof of age and education is required.

The International Spa Institute does not discriminate on the basis of sex, race, color, religion, nationality, sexual orientation, ethnic origin, physical/mental disability or age in the administration of its educational policies or other school administered programs.

### Admission Procedure:

Call (843) 815-4884 to schedule an informational interview and tour with our Campus Director. Complete the attached **Application for Admission, Health History Form and Autobiography**. In addition, please include the following:

- \$100 application fee
- A recent photograph
- Copy of diploma, GED, or proof of 10th grade completion
- A copy of your driver's license

Before the first day of class, you will be required to receive a professional facial from a licensed esthetician. Enclosed is one **Facial Verification Form** for you to submit to the office after your first service is received.

Two **Letters of Recommendation** are also required before classes begin. Please give these to individuals with whom you work, study or worship. Do not ask a relative to complete a Letter of Recommendation. These forms must be forwarded to us **directly** by the individual completing the form.

### Tuition:

*All prices are subject to change. Prices below are based on previous semester.*

Application Fee	\$ 100.00	
Program Cost	\$5400.00	(Classes can be paid for individually)
Lab Fees	\$ 960.00	(Lab fees can be paid for at the start of each class)
Text books	\$ 324.15	(Includes tax)
Insurance	<u>\$ 59.00</u>	
Total	\$6843.15	

### Tuition Payment Options:

- Payment in full by class start (**BONUS: \$100 bookstore gift certificate**).
- Pay as You Study: 50% down, balance in equal monthly payments, no interest.
- Low Down Payment: \$1000 down, balance in equal monthly payments, 10% interest.
- Pay by the Class: Pay for individual classes and related fees prior to each start date.
- Tuition Financing: TFC Credit Corp., Low down, individualized repayment plans.

Vocational Rehabilitation, WIA, Military Spouse Career Advancement (MyCAA) and Commission on The Blind funds are available for eligible applicants. *\*Please call us at (843) 815-4884 for more details.*

**Personal Information** (*Do Not Leave Any Blanks*): **Please Type or Print Clearly**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Last First MI

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (home): \_\_\_\_\_ (work): \_\_\_\_\_ (cell): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children: \_\_\_\_\_ Ages: \_\_\_\_\_

In Case of Emergency, contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Education:**

Verification of High School Diploma, GED or College: Enclosed \_\_\_\_\_ Being Sent \_\_\_\_\_

High School: \_\_\_\_\_ Years \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduate: Yes \_\_\_ No \_\_\_

College or Vocational Training (*Attach additional sheet if necessary*):

Name of School: \_\_\_\_\_ Years \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduate: Yes \_\_\_ No \_\_\_

Name of School: \_\_\_\_\_ Years \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Graduate: Yes \_\_\_ No \_\_\_

**Employment Background:**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Job Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Autobiography-**Write a detailed autobiography and include the following key points:

1. Discuss your purpose for enrolling in this program and what you hope to gain from it. What are your personal goals? Your professional goals? Do you plan to make skin care your career in the future? Full or Part-time?
2. Describe your work and life experiences during the past five years (you may include a resume).
3. Describe any training or prior experience you've had in esthetics or other related practices - either through workshops, formal training or apprenticeships.
4. Have you received a professional facial or other form of esthetic treatment before (waxing, make-up, body treatment)? Give approximate number of sessions in the past two years and describe your impression of the experience.
5. Explain your plan for budgeting the time needed to meet the requirements of the program, both in and out of class. Please note whether you will attend part-time or full-time and morning, afternoon or evening classes or a combination.
6. How will the program fit into the other aspects of your life? Are your family and friends supportive?
7. Describe your financial situation and how you plan to meet your tuition requirements. Please be specific.
8. Have you ever been convicted of a crime (other than minor traffic offenses)? List dates and details. *Note: A conviction record may not result in disqualification. The circumstances of each case will be considered.*
9. How did you find out about the International Spa Institute? Why did you choose this school?

**Choose a Payment Option:**

- Payment in full by class start (**BONUS: \$100 bookstore gift certificate**).
- Pay as You Study: 50% down, balance in equal monthly payments, no interest.
- Low Down Payment: \$1000 down, balance in equal monthly payments, 10% interest.
- Pay by the Class: Pay for individual classes and related fees prior to each start date.
- Tuition Financing: TFC Credit Corp., Low down, individualized repayment plans.
- Other: \_\_\_\_\_

**Application Agreement:**

I certify that all of the above information, and any other information provided by me in this application packet, is correct to the best of my knowledge. If accepted as a student at the International Spa Institute, I agree that I will abide by all the rules stated in the ***Student Policy Handbook***, which I have reviewed prior to signing this application. I further understand that the Institute will not release to any licensing board or other school, any certified hours or transcripts unless all financial and contractual obligations have been met. I have been informed that the International Spa Institute maintains a security bond in my interest. If I withdrawal at any time and have met my obligations, the International Spa Institute will provide me with a certified transcript of my completed hours within ten working days. In addition, the Refund Policy of the International Spa Institute has been fully explained to me.

Name (Please Print): \_\_\_\_\_

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

Parent/Legal Guardian Signature: \_\_\_\_\_

(If applicant is under 18 years of age)

# Health History Form

The Esthetics Program at the International Spa Institute is a demanding and rigorous process by its very nature. This Health History Form will assist us in evaluating whether you have the physical, mental and emotional resources necessary for a successful experience in our program. Please be honest and thorough. Withholding relevant information can be grounds for dismissal. All information disclosed will remain confidential.

**Check any of the following conditions that you have experienced, either now or in the past. If applicable, include detailed information on a separate sheet of paper.**

<input type="checkbox"/> Muscular/Joint Problems	<input type="checkbox"/> Allergies	<input type="checkbox"/> Headaches/Migraines
<input type="checkbox"/> Spinal/Skeletal Problems	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Digestive Problems
<input type="checkbox"/> Skin Conditions	<input type="checkbox"/> Varicose Veins	<input type="checkbox"/> High/Low Blood Pressure
<input type="checkbox"/> Swelling/Edema	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Environmental Sensitivities

**Answer the following and attach to the application. Please be specific and detailed.**

1. Describe any past injuries, accidents, traumas or surgeries you have experienced. Please list approximate dates for each, and the treatment(s) you received.
2. Describe any and all diagnosed medical conditions you are currently experiencing. List when the condition was diagnosed, and any treatment(s) you are receiving.
3. Are you currently under a physician's care (medical doctor, chiropractor, osteopath, naturopath) for any reason? If yes, state the reason and list each provider's name, address and phone number.
4. List any prescription medications you are taking and the related diagnosis.
5. Do you have any known history of physical or sexual abuse? Please describe.
6. Have you ever been treated for alcohol, drug or substance abuse? If yes, list any counseling or treatment you received, along with the dates of treatment and the name(s) of the provider(s).
7. Describe any psychological or emotional conditions you are currently experiencing. If you have received treatment, please include details.
8. Are you working with a counselor, psychologist, psychotherapist, social worker or psychiatrist at present? If yes, list each provider's name, address and phone number.
9. List any prescription medications you are taking and for what condition(s).
10. Do you have any learning disabilities? If so, list the condition, along with any treatment you have received.
11. Describe any difficulties or challenges you might have with classroom learning, online training or at-home study work.

I verify that I have considered my health and my ability to complete a program in esthetics at the International Spa Institute and will not hold ISI liable for any preexisting conditions that may limit my ability to perform esthetics. I have completed this form to the best of my knowledge and I state that the information given here is true and correct.

Name (Please Print): \_\_\_\_\_

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

# Release Form

In consideration of the permission granted to me to participate and appear in any visual production produced by or for the International Spa Institute, I hereby give my consent to prepare, use, reproduce, publish and exhibit my name, picture, portrait, likeness or voice, or any or all of them, in connection with the production of still photography, motion picture, television tape, or sound track recording in any manner for educational, scientific, informational, advertising/marketing or any other purpose deemed necessary.

I hereby waive any right that I may otherwise have to inspect or approve the finished product, or the use to which it may be put. I also release, discharge and agree to hold harmless the parties to whom this consent and waiver is given from any liability by virtue of any blurring, distortion, alteration, or use in composite form, whether intentional or otherwise, that may occur or be produced in taking of said pictures or in any processing, or in the publication and distribution.

I understand that I shall receive no compensation whatsoever in connection with the foregoing beyond my opportunity to participate and I hereby waive all rights of privacy in connection with the use of my name, picture, portrait, likeness or voice. I also waive any and all rights, whether explicit or implied, in the material and consent without reservation to the Station using, distributing or otherwise making available the material to other parties as it sees fit.

Name (Please Print): \_\_\_\_\_

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

# Letter of Recommendation

Name of Applicant: \_\_\_\_\_

Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_

*The International Spa Institute offers in-depth training in skin care, which includes the study of anatomy and physiology and a wide range of esthetics techniques. We endeavor to enroll students who are capable of working respectfully and compassionately with both fellow students and future clients. Please consider the above information when you answer the questions below. Attach an additional sheet of paper if necessary.*

**What is the context and length of your relationship with the applicant?**

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**In what ways might you imagine the applicant contributing to the classroom environment?  
In what ways might he or she distract from the learning process?**

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**Would you feel confident referring your friends, associates and family members to the applicant for esthetic services? Please explain.**

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**Is there anything else regarding the applicant that you would like us to know?**

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Name (Please Print): \_\_\_\_\_

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

*This letter should be mailed or faxed directly to the school. Please address it to:*

**International Spa Institute, 6A Bruin Rd., Bluffton, SC 29910**

**Ph: (843) 815-4884**

**Fax: (843) 815-4885**

# Letter of Recommendation

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Name of Reference: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Occupation: \_\_\_\_\_

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**Is there anything else regarding the applicant that you would like us to know?**

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

*This letter should be mailed or faxed directly to the school. Please address it to:*

**International Spa Institute, 6A Bruin Rd., Bluffton, SC 29910**

**Ph: (843) 815-4884**

**Fax: (843) 815-4885**



# Facial Verification Form

Massage Therapist: \_\_\_\_\_ License #: \_\_\_\_\_

Business Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ Ph. #: \_\_\_\_\_

*The International Spa Institute requires our students to have had some experience with esthetic services before entering our program. We also feel that ongoing contact with licensed estheticians will help the student develop skills necessary to be successful in this field. Thank you for taking the time to share your knowledge and expertise. Please encourage the student to engage in conversation related to the field of skin care. Any insights you might like to share will be greatly appreciated by both the staff of The International Spa Institute and the student whose trust is in your hands!*

Student's Name: \_\_\_\_\_

Type of Massage Performed: \_\_\_\_\_

Length of Session (must be at least 1 hour): \_\_\_\_\_ Rate: \_\_\_\_\_

Did the student ask questions related to skin care?  Yes  No

Were you able to provide answers to these questions?  Yes  No

Did you share additional information with the student?  Yes  No

Would you be willing to work on this student again?  Yes  No

Why or why not: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

*This letter should be returned to the student. If for any reason you wish to send it directly to the school, please address it to: International Spa Institute, 6A Bruin Rd., Bluffton, SC 29910*

**Ph: (843) 815-4884 Fax: (843) 815-4885**

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**Student: Please use this space to describe your experience with this facial session.**

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**I certify that I received the above referenced massage on the date indicated.**

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

\_\_\_\_\_  
Date



## 450 Hour Esthetics Program 2013 List of Classes, Hours & Fees

Class	Hrs	Lect/Lab	PR's*	Fee	Lab **
<b>Bacteriology &amp; Sanitation:</b>	25 hrs	8/17	None	\$ 300	\$ 20
Science of Esthetics 1A:	24 hrs	20/0	None	\$ 240	
Science of Esthetics 1B:	16 hrs	16/0	None	\$ 192	
Science of Esthetics 2A:	20 hrs	24/0	None	\$ 288	
Science of Esthetics 2B:	20 hrs	16/4	None	\$ 240	
Science of Esthetics 3A:	16 hrs	16/0	None	\$ 192	
Science of Esthetics 3B:	24 hrs	24/0	None	\$ 288	
<b>Facial Treatments 1:</b>	41 hrs	20/21	BAC/SAN	\$ 492	\$200
<b>Facial Treatments 2:</b>	42 hrs	20/22	BAC/SAN	\$ 504	\$200
<b>Facial Treatments 3:</b>	42 hrs	20/22	BAC/SAN	\$ 504	\$200
<b>Hair Removal:</b>	50 hrs	16/34	BAC/SAN	\$ 600	\$ 90
<b>Makeup:</b>	50 hrs	16/34	BAC/SAN	\$ 600	\$150
<b>Professional Practices 1</b>	12 hrs	12/0	None	\$ 144	
<b>Professional Practices 2</b>	8 hrs	8/0	None	\$ 96	
<b>Spa Treatments</b>	40 hrs	16/24	BAC/SAN	\$ 480	\$100
<b>Business &amp; Law:</b>	20 hrs	16/4	None	\$ 240	
<b>Totals</b>	<b>450 hrs</b>	<b>268/182</b>		<b>\$5400</b>	<b>\$960</b>

\*Prerequisites

### BOOKS, SUPPLIES & OTHER FEES:

Application Fee	\$ 100.00
Textbooks	\$ 360.00
Lab Fees	\$ 960.00
Insurance	\$ 59.00
<b>Subtotal</b>	<b>\$ 1479.00</b>
<b>Tuition</b>	<b>\$ 5400.00</b>
<b>Total</b>	<b>\$ 6879.00</b>

## Student Contract

This Contract is made effective as of \_\_\_\_\_ 2012,

by and between (print your name) \_\_\_\_\_

of (address) \_\_\_\_\_,

and the International Spa Institute of 6-A Bruin St., Bluffton, South Carolina 29910.

In this Contract, the party who is contracting to receive Esthetics instruction will be referred to as the "Student," and the party who will be providing the instruction will be referred to as the "Institute."

### 1. DESCRIPTION OF SERVICES.

Beginning on \_\_\_\_\_, the Institute will provide to the student the following service: 450 clock hours in the instruction of Esthetics. This contract is effective through \_\_\_\_\_.

### 2. TUITION:

Application Fee	\$ 100.00
Program Cost	\$ 5400.00 (Classes can be paid for individually)
Lab Fees*	\$ 960.00 (See note below)
Text books	\$ 324.15 (including tax. Based on previous semester**)
Student Insurance	\$ 59.00
Total	\$ 6843.15**

\*Lab fees are also referred to as "student kit" and include all products, implements and disposables needed for each class. Lab fees for a particular class are due before that class begins.

\*\*All fees are subject to change.

### 3. PAYMENT FOR SERVICES.

In exchange for Esthetics instruction, the Student will pay compensation to the Institute in the amount of \$6833.15. The Student may choose from the following payment methods:

Payment in full by class start (**BONUS: \$100 bookstore gift certificate**).

Pay as You Study: 50% down, balance in equal monthly payments, no interest.

Low Down Payment: \$1000 down, balance in equal monthly payments, 10% interest.

Pay by the Class: Pay for individual classes and related fees prior to each start date.

Tuition Financing: TFC Credit Corp., Low down, individualized repayment plans.

Other: \_\_\_\_\_

*Note: A detailed payment schedule will be provided to student upon final acceptance to the Institute.*

### 4. TRANSCRIPTS.

The Institute will not release to any licensing board or other school, any certified hours or transcripts unless all financial and contractual obligations have been met. If I withdraw at any time, International Spa Institute will provide me with a certified transcript of all completed hours, within ten working days, for which the Institute has been compensated.

**5. SECURITY BOND.** International Spa Institute maintains a security bond in the interest of the Student.

**6. GOVERNING LAW.** This Contract shall be construed in accordance with the laws of the State of South Carolina and the rules and regulations set forth by the Board of Cosmetology.

**7. ASSIGNMENT.** Neither party may assign or transfer this Contract without the prior written consent of the non-assigning party, which approval shall not be unreasonably withheld.

**By signing below, I certify that I have read this contract, that I understand and agree to its terms and that I have received a signed copy. I also understand that by signing below, I agree to abide by the rules and regulations in the \_\_\_\_\_ *Student Policy Handbook*, of which I have received a copy.**

Name (Please Print): \_\_\_\_\_

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

Parent/Legal Guardian (If applicant is under 18 years of age)

Name (Please Print): \_\_\_\_\_

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

Institute Official Signature: \_\_\_\_\_

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