



Human Services Program

Prospective Student,

FCTC is accepting applications for the Human Services Programs. Classes will meet in St. Johns County at our St. Augustine main campus.

Course Length

*Cosmetology	Total: 1200 Hours / 37 Weeks
Facial Specialty	Total: 260 Hours / 8 Weeks
Nail Specialty	Total: 240 Hours / 8 Weeks

All applicants must be 16 years of age upon completion of the program or have a high school diploma.

*** Valid Wonderlic or TABE scores on file are required to enter this program.**

If you meet the above requirements, please continue with this Human Services Application Checklist

- Apply for **Federal Student Aid** Go to www.fafsa.ed.gov FCTC School Code is 012544
For more information, click [Financial Aid](#) which is only available for full Cosmetology Program if the applicant has a high school diploma or GED.
- Go to your program on FCTC.edu and click **Create My FCTC Account** to start your pre-registration
- Complete your [Florida Residency Affidavit](#)
- Provide official sealed [Transcripts](#)
- Take the [Wonderlic, Test of Adult Basic Education \(TABE Test\)](#) or apply for Basic Skills Exemption
- Complete this Application**, submit and pay at Registration



Program Fees

Refer to FCTC.edu , go to the program of your choice and click on Program Costs for a complete fee schedule.

Program Requirements

Age	All students must be 16 years of age upon completion of the program	
Education	Cosmetology	<i>High School Diploma, GED or Higher Degree</i>
	Facial Specialty	<i>High School Diploma not required</i>
	Nail Specialty	<i>High School Diploma not required</i>

Testing Requirements Wonderlic or TABE Assessment

Contact Registration to pay your assessment or exemption. See required scores below. The TABE requirements are new as of July 1, 2018. Then contact [Test Center](#) to schedule at fctctesting@stjohns.k12.fl.us or (904) 547-3390.

	Required TABE Scores			Wonderlic	
	Reading	Math	Language	Verbal	Quantitative
Cosmetology	576	577	577	9	8
Facial Specialty	no requirements				
Nail Specialty	no requirements				

Auxiliary Aid

FCTC provides auxiliary aids and services for persons with disabilities. If you need assistance during the course of your study, please contact your Student Advisor in Building A or fctcstudentservices@stjohns.k12.fl.us



FCTC USE ONLY:	
FOCUS ID	_____
DATE	_____
Initials	_____

Human Services Application

Check the program to which you are applying:

- Cosmetology
 Facial Specialty
 Nail Specialty

Name _____

Last
First
Full Middle
Maiden/Other Names

Last four digits of Social Security # _____ Date of Birth _____ Place of Birth _____

Address _____

Street
Apt/Unit Number
City

County _____ State _____ Zip _____

Home Phone _____ Work _____ Cell _____

Email _____

Emergency contact _____ Phone Number _____

Check Highest Grade Completed: 8 9 10 11 12 College: 1 2 3 4 years Graduate

Prior Career and Technical Education (CTE) Training Yes No

Type of Program _____ Dates of Attendance _____

Reason for Leaving Program _____



List courses taken since high school

Three horizontal lines for listing courses on the left and three horizontal lines on the right.

Have you ever been convicted of a crime, found guilty or entered a plea of no-contest to a crime other than a traffic violation? Yes No

If yes, please explain: _____

The following information is not used in the eligibility process.

- Applicant's Gender Female Male
- Race White, Not Hispanic Black, Not Hispanic Asian/Pacific Islander Hispanic
 American Indian/Alaskan Native Multi-Racial Other _____
- Are you a United States citizen? Yes No
- Is English your second language? Yes No

I have been provided the consumer information notice at <http://fctc.edu/consumer/gainful-employment/> and campus security report on the FCTC website at <http://fctc.edu/about/safety/>. FCTC will also provide a paper copy of the campus security report upon student request.

The FCTC Student Handbook is located at <http://fctc.edu/students/handbook/>. I have read the FCTC student handbook and I agree to accept responsibility and will comply with all policies outlined in the FCTC student handbook.

I verify that all information contained in this application is true and correct. I authorize First Coast Technical College to contact former employers and educational institutions listed in this application, and further authorize these employers and educational institutions to release information to officials of First Coast Technical College concerning my performance and progress while under their employ or enrolled in their program(s).

Signature of Applicant

Date