THE SCHOOL OF MAKEUP ART

# Course Costs & Application Form
# 2010 - 2011

**In order to be processed without delay please print clearly**

Please fill in all requested information, enclose **ALL** required documents, the required application fee and sign the form.

**Default rates must be viewed by applicant at: http://osap.gov.on.ca/**

## EXTENSIVE MAKEUP DESIGN

Tuition: $9,000.00 (Includes $500.00 fee)
720 hours/6 month course - regularly attended 26 week program

| | COST | HST/GST | TOTAL |
|---|---|---|---|
| CREATIVE MAKEUP KIT | $ 750.00 | $ 97.50 | $ 847.50 |
| SPECIAL EFFECTS KIT | $1250.00 | $ 162.50 | $ 1412.50 |
| LAB FEES | $ 500.00 | $ 65.00 | $ 565.00 |
| TEXTBOOK | $ 200.00 | $ 10.00 | $ 210.00 |
| LOCKER RENTAL Fee OPTIONAL | $ 11.50 | $ 1.50 | $ 13.00 |
| TRAINING COMPLETION FUND | $ 270.00 | N/A | $ 270.00 |
| **NON-TUITION TOTAL** | | | **$ 3,318.00** |

**CC – 9,000**

**Prices in effect only for programs starting August 1, 2010 to July 31, 2011**

Mr. ☐ Miss ☐

Mrs. ☐ Ms. ☐ Applicant Name _____ (First Name) _____ (Middle Name) _____ (Last Name)

Date of Birth _____ (Year) _____ (Month) _____ (Day) * Social Insurance Number _____

Residential Address _____ (Street) _____ (City)

_____ (Province) (Postal Code) (Country) Residential Number ( ) _____

Permanent Address _____ (Street) _____ (City)

_____ (Province) (Postal Code) (Country) Permanent Number ( ) _____

Email _____ Cellular Phone Number ( ) _____

International Applicant ☐ No ☐ Yes _____ (Year) _____ (Month) _____ (Day) (Visa Expiry Date) ( If Yes, an additional $50.00 fee is applicable )

Type of Funding ☐ SELF ☐ OSAP ☐ OTHER _____

I understand that I will have to provide for viewing my Social Insurance Card.

☐ I would like a place reserved in the above course beginning in _____ (month).

☐ I have enclosed a copy of my Ontario Secondary School Diploma or equivalent.

☐ I have presented for viewing a valid government issued photo ID and SIN card; and I have enclosed a photocopy of my Study Visa (if applicable)

☐ Enclosed is my fee of: $500.00

Signed _____ Date _____

* Social Insurance Number not mandatory but necessary for viewing*

PLEASE MAIL TO:
THE SCHOOL OF MAKEUP ART LTD., 25 Yorkville Avenue, Toronto, Ontario, M4W 1L1
Tel: 416-340-1300 Fax: 416-640-4491 Email: info@schoolofmakeupart.com

**Revised: March 29, 2010**