



ENROLLMENT APPLICATION

Name: _____ Social Security #: _____

Mailing Address: _____ Gender: _____ Date _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Birth City/St: _____

E-Mail Address: _____

Phone Number: _____ Cell: _____ Work: _____

Education: High School _____ College _____ Grad. School _____

Highest Degree attained _____ Date: _____

Enclose a copy of your High School Diploma, GED, or College Transcript.

Have you attended any post-secondary school since high school? _____

If so, name and address of post-secondary school attended. _____

Have you ever been convicted of a crime? _____ If yes, explain circumstances: _____

Do you have any disabilities? _____ If yes, explain. _____

If accepted, when would you be available to begin training? _____

If accepted, I plan to attend:

500 Hour Program ~~650 Hour Program~~ Apprenticeship Program

Emergency Contact: _____ Phone: _____

How did you hear about our school? _____

Enclosures:

- Enclose a statement as to why you decided to pursue therapeutic massage training and why you feel you are suited for this field. *Indicate below any previous massage or related health training received.*
- High School Diploma, GED, or College Transcript
- 2 Professional Letters of Reference attesting to your work ethics and professionalism.
- Driver's License (ID)
- Social Security Card
- Medical Statement (*Physical or Doctor Statement in good physical health*)
- \$200.00 Application Fee

In connection with my application with the school, I understand that a federal criminal background check will be pulled and used in evaluating my application and applying with the Arkansas Health Department -Massage Therapy Section for a Student Permit, as required by Arkansas Law.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH ANY INFORMATION REGARDING MY HISTORY OR MY CHARACTER. I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE. I UNDERSTAND THAT ALL THE INFORMATION HERE WILL BE HELD IN CONFIDENCE.

I understand that a non-refundable \$200.00 application fee is to accompany this application.

Print Name

Applicant's Signature

Date