
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**

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 and previous massage or related health training received.*
- High School Diploma, GED, or College Transcript
- 3 Professional Letters of Reference attesting to your work ethics and professionalism.
- Photograph
- \$100.00 Application Fee

In connection with my application with the school, I understand that a consumer report and police report may be requested and used in evaluating my application.

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 INFORMATION HERE WILL BE HELD IN CONFIDENCE.

I understand that a non-refundable \$100.00 application fee is to accompany this application.

Print Name

Applicant's Signature

Date