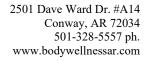




ENROLLMENT APPLICATION

Name:		Social Security #:			
Mailing Address:		Gender:	Date		
City:	State:	Zip:			
Birth Date:	rth Date: Birth City/St:				
E-Mail Address:					
Phone Number: Cell: _		Work:			
Education: High School	College		Grad. School		
Highest Degree attained	Date copy of your High School D	e: iploma, GED, or (_ College Transcript.		
Have you attended any post-se	condary school since high se	chool?			
If so, name and address of pos	t-secondary school attended.	·			
Have you ever been convicted					
Do you have any disabilities?	If yes, explain				
If accepted, when would you b	pe available to begin training	?			





If acce	pted, I plan to attend:					
5	00 Hour Program <u> </u>	650 Hour Program	Apprenticeship Program			
Emerg	ency Contact:		Phone:			
How d	d you hear about our school?					
Encl	osures:					
		-	atic massage training and why you feel age 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					
	Driver's License (ID)					
	Social Security Card					
	Medical Statement					
	\$200.00 Application Fee					
will be		y application and applying wit	a federal criminal background check th the Arkansas Health Department - sas Law.			
INFOR ABOVI		ORY OR MY CHARACTER. I C	ONTACTED TO FURNISH ANY ERTIFY THAT THE INFORMATION INFORMATION HERE WILL BE HELD			
I under	stand that a non-refundable \$100.0	0 application fee is to accompar	ny this application.			
Print N	ame					
Applic	ant's Signature	Date				