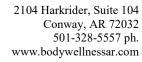


## **ENROLLMENT APPLICATION**

Name:			Social Security #:		
Mailing Address:			Gender:	Date	
City:		State:	Zip:		
Birth Date:		Birth City/St:			
E-Mail Address:					
Phone Number:	Cell:		Work:		
Education: High Scho	ool	College		Grad. School	
Highest Degree attaine	edclose a copy of	Date <i>Your High School D</i>	e: Diploma, GED, or (	_ College Transcript.	
Have you attended any					
If so, name and address	s of post-second	dary school attended	l		
				tances:	
If accepted, when wou	ld you be availa	able to begin training	g?		





If acce	pted, I plan to attend:	500 Hour Program	650 Hour Program				
Emerge	ency Contact:	Phon	e:				
How di	id you hear about our school?						
Enclo	•	you decided to pursue therapeutic mas adicate below and previous massage or re					
	High School Diploma, GED, or G	College Transcript					
	3 Professional Letters of Reference attesting to your work ethics and professionalism.						
	Photograph						
	\$100.00 Application Fee						
	nection with my application with the dand used in evaluating my app	he school, I understand that a consumer r lication.	eport and police report may be				
INFOR ABOVI	MATION REGARDING MY HIST	ON, ANY PARTY OR AGENCY CONTAC TORY OR MY CHARACTER. I CERTIFY UNDERSTAND THAT ALL INFORMATIO	THAT THE INFORMATION				
I under	stand that a non-refundable \$100.	00 application fee is to accompany this ap	oplication.				
Print N	ame						
Applica	ant's Signature	Date					