

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