



School of Massage Therapy

Initial Application for Admission

Name:	Date of Application:
-------	----------------------

Address:	
City, State, Zip code:	
Date of Birth:	Citizenship:
Telephone:	
(Home) (Work) (Cell)	
Email Address:	

Class applying for:	<input type="checkbox"/> Spring Intensive '09 (5/4/09 Mon-Fri)	<input type="checkbox"/> Summer '09 (8/8/09 Tues, Thurs, Sat.)
	<input type="checkbox"/> Fall Intensive '09 (9/14/09 Mon-Fri)	

Personal References:

1) Name (non-relative):
Email Address:
Telephone:
(Home) (Work) (Cell)
2) Name (non-relative):
Email Address:
Telephone:
(Home) (Work) (Cell)

Your Occupation:
How long at this job?
Your Employer:
(Name) (Address) (Phone)

History of Education :

High School:
(Name) (City, State) (Graduation Date)
Colleges:
(Name) (City, State) (Graduation Date)

Why do you want to become a Massage Therapist?
--

How do you plan to pay for school?	<input type="checkbox"/> Personal (Upfront Payment in Full)	<input type="checkbox"/> Sallie Mae	<input type="checkbox"/> Veterans Affairs GI Bill
<input type="checkbox"/> Scholarship/Grant	does not provide any scholarships or grants; Each student is responsible for securing own finances)		

How did you know about [redacted]?	<input type="checkbox"/> [redacted] Web Site	<input type="checkbox"/> Natural Healers	<input type="checkbox"/> Other:
------------------------------------	--	--	---------------------------------

Enclose \$300 non refundable application fee

Application deadline is due 5 weeks prior to the first day of class.



"Strive for the Highest"