

Contact Information

Name _____
Last First Middle Initial

Permanent Street Address _____

City/State/Zip _____

Current Street Address (if different) _____

City/State/Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

E-mail _____

Social Security Number _____ Date of Birth _____

Emergency Contact _____
Last First Relationship

Phone number _____ E-mail _____

Educational Background

High School _____
Name City State Zip

Date of High School Graduation _____

If not a high school graduate, pending or actual date of GED Certificate _____

Please list any other schools/institutions attended including address, dates of attendance, program of study, date of completion or graduation, and degree or certificate conferred.

Institution	City/State	Dates Attended (Mo/Yr - Mo/Yr)	Program of Study	Degree or Certificate earned/ Reason no longer attending
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please provide information regarding any academic disciplinary matters you were involved in (such as academic probation or suspension) at any institution or school that you have attended.

Desired Program: Massage Therapy Energy and Somatic Practitioner

Desired Start Date _____ Day or Evening Program?

Education, nurturing, and support for your successful career in the healing arts

Employment Record

Please describe your employment history (including part-time jobs), starting with your current or most recent employer. Attach a separate sheet if necessary.

How did you hear about Elements of Wellness?

Have you ever visited the school? Yes No

If yes, date visited: _____ Event/activity: _____

Background Information

Have you ever been convicted of or pled guilty to a crime other than a summary traffic offense? (do not leave this answer blank! Please check one) Yes No

If yes, describe in full. Attach a separate sheet if necessary.

Applicant Essay

Please respond to the following question with a focused and organized paragraph of a minimum of 150 words: How do you expect your education at Elements of Wellness to help you attain your career goals?

Signature of Student

All information provided in this application is true and complete to the best of my knowledge. I understand that admission to Elements of Wellness School of Massage is contingent upon my submission of my final official high school transcript (or my official G.E.D. test result), all postsecondary transcripts, satisfaction of all admission criteria, my acceptance by Elements of Wellness, my signing of the Elements of Wellness Enrollment Agreement, and Elements of Wellness' acceptance of the Enrollment Agreement. I am enclosing the \$50 application fee payable to Elements of Wellness. I understand that this application fee is non-refundable.

Student Name (please print) _____

Signature _____ Today's Date _____

Elements of Wellness School of Massage does not discriminate on the basis of race, color, creed, religion, national origin, ancestry, sex, age, sexual orientation or disability or any other characteristic protected by state, local or federal law in the administration of any of its educational programs or activities or with respect to admission or employment.

