



APPLICANT INFORMATION			
FIRST NAME & MIDDLE INITIAL	LAST NAME	SSN	DATE OF BIRTH
MAILING ADDRESS			
PHONE 1	PHONE 2	EMAIL ADDRESS	
EMERGENCY CONTACT		PHONE	
Are you 18 or older? Y or N		Are you a U.S. citizen? Y or N	
Morning Classes		Evening Classes	

EDUCATION			
SCHOOL NAME	LOCATION	YEARS ATTENDED	DIPLOMA/MAJOR/DEGREE
OTHER / APPLICABLE TRAINING			
APPLICABLE SKILLS / PROFICIENCIES			

SIGNATURE		
PRINTED NAME	SIGNATURE	DATE



Please answer the following questions.

1. Why do you want to become a massage therapist?

2. What would you like to do after you graduate?

3. Where do you see yourself in 5 years?

4. Where do you see yourself in 10 years?

5. Have you ever had a professional massage?

6. What do you like most about receiving a massage?

7. How did you hear about us?
