

MOUNTAIN STATE SCHOOL OF MASSAGE

TEACHING HOLISTIC HEALING METHODS

Application for Admission

This application is to be completed in detail, signed by the applicant and returned with a \$25.00 non-refundable application fee to Mountain State School of Massage, P.O. Box, 4487 Charleston, WV 25364.

APPLICANT INFORMATION:

| | | | | |
|---------------------------|-----------|------------|-------------------------------|---------------------------------|
| DATE | LAST NAME | FIRST | MIDDLE INITIAL | BIRTH DATE |
| | | | | () |
| PERMANENT MAILING ADDRESS | | CITY | STATE, ZIP | PHONE # |
| SS # | E-MAIL | OCCUPATION | <input type="checkbox"/> MALE | <input type="checkbox"/> FEMALE |

PLEASE CHECK DESIRED PROGRAM

MESSAGE THERAPIST DAY PROGRAM: _____ START DATE _____
MESSAGE THERAPIST NIGHT PROGRAM: _____ START DATE _____

EMERGENCY CONTACT INFORMATION:

| | | |
|-----------|------------|-------------------------|
| LAST NAME | FIRST NAME | RELATIONSHIP TO STUDENT |
| | | () |
| ADDRESS | CITY | STATE, ZIP PHONE # |

HOW DID YOU LEARN ABOUT MSSM? (ATTACH ADDITIONAL SHEETS OF PAPER IF NECESSARY). _____

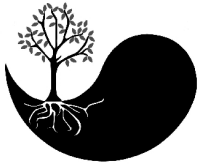
EDUCATION:

NAME RECORDED ON HIGH SCHOOL OR COLLEGE TRANSCRIPTS (IF DIFFERENT FROM APPLICATION)

| | | | |
|-------------------------------|----------------|-----------------|-----------------|
| NAME OF HIGH SCHOOL | DATE GRADUATED | | |
| () | | | |
| ADDRESS | CITY | STATE, ZIP | PHONE # |
| NAME OF COLLEGE OR UNIVERSITY | CITY | GRADUATION DATE | DEGREE RECEIVED |

MOUNTAIN STATE SCHOOL OF MASSAGE

P. O. BOX 4487 • CHARLESTON, WV 25364 • PHONE: (304) 926-8822 • FAX: (304) 926-8837



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TEACHING HOLISTIC HEALING METHODS

Application for Admission

FINANCING: HOW WILL YOU COVER YOUR TUITION FEES?

FEDERAL STUDENT AID W.I.A.-TAA V.A. MSSM FINANCING OTHER _____

PLEASE LIST PREVIOUS EXPERIENCE OR TRAINING IN MASSAGE THERAPY. (USE A SEPARATE SHEET OF PAPER IF NECESSARY.):

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO
 (IF YES, PLEASE GIVE DETAILS AND INCLUDE INFORMATION ABOUT LITIGATION, IF ANY. DO NOT INCLUDE TRAFFIC VIOLATIONS OR MISDEMEANORS. USE A SEPARATE SHEET OF PAPER IF NECESSARY)

DO YOU HAVE ANY COMMUNICABLE DISEASES? YES NO
 (A PHYSICAL MAY BE REQUIRED)
 HAVE YOU HAD A COMMUNICABLE DISEASE IN THE PAST YEAR? YES NO
 (A PHYSICAL MAY BE REQUIRED)

PLEASE LIST ANYTHING YOU WOULD LIKE US TO KNOW ABOUT YOUR MENTAL OR PHYSICAL CONDITION WHILE ENROLLED AT MOUNTAIN STATE SCHOOL OF MASSAGE. (USE A SEPARATE SHEET OF PAPER IF NECESSARY.):

PLEASE INCLUDE THE FOLLOWING WITH THIS APPLICATION:

1. Submit a typed or neatly written brief biographical sketch explaining your motivation for training in massage therapy and your philosophy of health care;
2. Submit a copy of drivers license or personal identification card;
3. Submit High School and or your most recent College transcripts (or G.E.D.);
4. Include one letter of recommendation / character. Must be academic or employer.
5. \$25.00 non-refundable application fee made payable to Mountain State School of Massage.

PLEASE NOTE: *your application will not be processed until all of the above have been received by Mountain State School of Massage.*

I HAVE COMPLETED THIS APPLICATION TO THE BEST OF MY KNOWLEDGE AND I STATE THAT THE INFORMATION GIVEN HEREIN IS TRUE AND ACCURATE.

DATE _____ APPLICANT'S SIGNATURE _____

DO NOT WRITE BELOW THIS LINE.

APPLICATION REVIEWED BY/ DATE _____

APPLICATION ACCEPTED BY/ DATE _____

COMMENTS: _____

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