

# MOUNTAIN STATE SCHOOL OF MASSAGE

## TEACHING HOLISTIC HEALING METHODS

### Application for Enrollment

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:

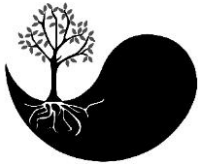
NAME RECORDED ON HIGH SCHOOL OR COLLEGE TRANSCRIPTS (IF DIFFERENT FROM APPLICATION)

NAME OF HIGH SCHOOL	DATES ATTENDED	DATE GRADUATED
ADDRESS	CITY	STATE, ZIP
		( ) PHONE #

NAME OF COLLEGE OR UNIVERSITY	CITY	GRADUATION DATE	DEGREE RECEIVED
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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 Enrollment

**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.):

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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))

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DO YOU HAVE OR HAVE YOU HAD A COMMUNICABLE DISEASE OR CONDITION IN THE LAST TWO YEARS WHICH WOULD BE A CONSIDERATION IN GIVING AND RECEIVING MASSAGE BODYWORK? (USE A SEPARATE SHEET IF NECESSARY) YES  NO   
 (A PHYSICAL MAY BE REQUIRED)

PLEASE LIST CURRENT MEDICATIONS AND 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.):

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**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 one of the following: High School Transcripts showing graduation date, High School Diploma, or G.E.D. Certificate including scores;
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. I ALSO UNDERSTAND I MUST TAKE A TOUR OF THE SCHOOL, AND BE INTERVIEWED BY THE DIRECTOR BEFORE THE START OF THE PROGRAM.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE.**

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APPLICATION REVIEWED BY/ DATE \_\_\_\_\_

APPLICATION ACCEPTED BY/ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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