

# Application for Admission

Elite Massage School  
4009 Bridgeport Way West, Suite E5  
University Place, WA 98466  
(253) 353 – 2275

I am applying for admission to:

**700 Hour Advanced Massage Therapy Course**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATION:** Circle the highest grade completed in each category.

<b>High School</b>	1 2 3 4	Graduation Date: _____ GED Attained: _____
Name and Address of School: _____ _____ _____		
<b>College</b>	1 2 3 4 5	Degree(s) Attained: _____ _____
Name and Address of School: _____ _____ _____		

**CURRENT EMPLOYMENT:**

Name, Phone Number, and Address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

How were you referred to us?

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What are your short and long-term goals?

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Tell us about yourself – your interests, attributes, hobbies, etc.

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Why do you want to be a Massage Therapist?

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How do you plan to finance your education? \_\_\_\_\_

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How soon would you like to start training? \_\_\_\_\_

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Are you more of a morning learner (9 AM to 1 PM) or an evening learner (6 PM to 10 PM)?

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**Please include your application fee of \$100 when you submit this application.**

**Note:** Application fees are refundable only in the event that you are refused acceptance into the Elite Massage School. If submitting via e-mail / mail; or you would rather not send a check; please complete your credit card information authorizing us to charge the \$100 application fee:

**Credit Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_      **Security Code:** \_\_\_\_      **Signature:** \_\_\_\_\_

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Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

