



## Application for Admissions - PART 1

Please complete this application and mail it to us along with a \$50 non-refundable application fee (payable to the Midwest School of Massage). Please read instructions carefully and complete all questions. This application cannot be processed if questions are left unanswered.

### Please Select Your Preferences

- March     June     September
- 9am-1pm     1pm-5pm     5:30pm-9:30pm

### General Information: (PLEASE PRINT OR TYPE)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Birth (MM/DD/YY): \_\_\_\_\_ Age: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you a citizen of the U.S.?  Yes  No

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?  Yes  No If yes, please explain on a separate sheet of paper.

How did you find out about us?

\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact: (Identify two (2) people to be contacted in case of an emergency)

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone (    )    -    Evening Phone (    )    -

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone (    )    -    Evening Phone (    )    -



**Education** – Nebraska State requires completion of high school or legal equivalent (GED) before enrolling in a licensure-qualifying massage therapy program. Please submit your high school transcript or GED certificate to our Admissions Office.

**High School Name and Address:**

\_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

If not a High School Graduate did you obtain a GED?  Yes  No

**College/Vocational School Name and Address:**

\_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_ Date Graduated: \_\_\_\_\_

Degree Earned: \_\_\_\_\_

Did you receive Financial Aid?  Yes  No

Please list all previously held legal names, including those that would appear on school transcripts or other admissions documents:

\_\_\_\_\_

**Medical Information** – Describe any disability, physical condition, medical condition and/or psychological condition that may require special accommodations or inhibit your ability to perform massage (specify medications you are taking and check all the conditions that apply):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Cardiac or Circulatory Problems       Diabetes       Broken Bones
- High Blood Pressure       Low Blood Pressure       Epilepsy
- Recent Surgeries       Other: (Specify) \_\_\_\_\_

**Signature** – I hereby state that the information provided in this application is truthful, and I understand that providing false information can result in dismissal from the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date