

# Maui School of Therapeutic Massage

P.O. Box 1891, Makawao, HI 96768 ❖ Phone: 808-572-1888 ❖ Fax: 808-572-2274

## Application for Admission

(Please enclose with this application a non-refundable application fee of \$50 and a recent photo.)

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phones: Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Month/Year you wish to start classes: March \_\_\_\_\_ (year) September \_\_\_\_\_ (year)

Please check one:  12-Month Part-time (650 Hrs)  10-Month Full-time (800 Hrs)  7-Month Full-time (650 Hrs)

How (specifically) did you hear about MSTM? \_\_\_\_\_

Citizenship: \_\_\_\_\_ Do you need a student visa? \_\_\_\_\_

Social Security Number: \_\_\_\_\_ xxx-xx-\_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Emergency Contact: Name: \_\_\_\_\_ Phones: \_\_\_\_\_

Emergency Contact: Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medications you are using: \_\_\_\_\_

Do you have any limiting conditions? \_\_\_\_\_

Have you ever been convicted of a crime which has not been annulled or expunged? \_\_\_\_\_

Have you ever had a credential or license revoked or suspended? \_\_\_\_\_

Educational History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Previous massage training or experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe yourself as a student: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Please continue on reverse side.*

Why do you want to become a massage therapist? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you choose MSTM? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a personally challenging experience and how you dealt with it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to finance your tuition and living expenses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your personal health history, including surgeries, disabilities, trauma, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any drug or alcohol habits? \_\_\_\_\_

Further comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct and complete to the best of my knowledge. I enclose, with this application, a non-refundable application fee of \$50 and a recent photo.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date