

## **ACADEMY OF MASSAGE ESSENTIALS**

5525 N. Union Blvd., Ste. 101, Colorado Springs, CO, 80918 (719) 265-5221

## **APPLICATION FOR ADMISSION**

Today's Date:			
Program Start Date:	☐ January ☐ April	☐ July ☐ October	
Personal Information			
First Name:		Last Name:	
Social Security Number:		_ Date of Birth:/	/
Address:			
Home Phone:		Cell Phone:	
Email:			
As a student in the program,	do you consent to giving A	check? ( ) No ( ) Yes	Initial Here ellow students, to include both male
program? ( ) No ( ) Yes If yes, please	ental disabilities that may i	mpair your ability to fully part	·
•	•	, any contagious diseases?	. , , ,
Emergency Contact Person: Name:		Relationship:	Phone:
Name:		Relationship:	Phone:

Approved and Regulated by the Colorado Department of Higher Education, Division of Private Occupational Schools.

## ACADEMIC BACKGROUND High School Attended: Name: Graduation Date: \_\_\_\_\_ Please list any colleges or other training: Name of Institution **Dates Attended** City, State Degree/Certificate **WORK EXPERIENCE** (Please indicate your most recent work experiences) Name Address Phone Position/Title **Dates Employed** Position/Title Name Address Phone **Dates Employed REFERENCES** Name Address Phone Relationship Phone Name Address Relationship Address Phone Name Relationship **SIGNATURE** I certify that the information given in this application is complete and accurate. Signature of Applicant Date

## **FINAL CHECK LIST INSTRUCTIONS**

- Please make sure this form is filled out in its entirety and that the application is signed.
- Please include a copy of your High School Diploma and/or college transcripts
- Include an essay explaining your interest in becoming a Massage Therapist and your philosophy of health care.
- Submit completed application with the \$25.00 non-refundable application fee and all the required materials listed above to:

Academy of Massage Essentials 5525 N. Union Blvd., Ste. 101 Colorado Springs, CO 80918