



**Application for Admission**

Date \_\_\_\_\_ Applying for: Day class (full time)  Night class (part time)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State Zip

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Female  Male  Marital status \_\_\_\_\_ Maiden Name \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Social Sec No. \_\_\_\_\_

Current employment \_\_\_\_\_  
Position Employer's Name

Address \_\_\_\_\_

Previous employment \_\_\_\_\_

Educational experience

School Location Dates Area of study Degree

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

In case of emergency contact \_\_\_\_\_  
Name Relationship

Address \_\_\_\_\_ Phone \_\_\_\_\_

Please indicate racial/ethnic background (not required):

- Nonresident alien
- Black, non-Hispanic
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White, non-Hispanic
- Race/ethnicity unknown

The Massage Institute of Memphis, LLC

Previous experience in/ study of massage \_\_\_\_\_

Previous experience in/ study of other healing arts \_\_\_\_\_

How did you hear about the school? \_\_\_\_\_

Have you ever been convicted of a crime, other than traffic offenses? Yes  No

If yes, please explain \_\_\_\_\_

How do you expect to use the training? \_\_\_\_\_

Do you have any medical or psychological conditions that The Massage Institute should be aware of?

If yes, please explain \_\_\_\_\_

Hobbies, interests, skills \_\_\_\_\_

Are you applying for either of the following? VA Assistance  Vocational Rehabilitation

If no, what payment method will you be using? Check  Cash  Payment Plan

References: Please list the names and addresses of 2 references other than family.

\_\_\_\_\_  
Name Home Phone Work Phone

\_\_\_\_\_  
Address Years Known

\_\_\_\_\_  
Name Home Phone Work Phone

\_\_\_\_\_  
Address Years Known

Please fill out this application completely, sign it and return it together with a \$50.00 non-refundable application fee made payable to The Massage Institute of Memphis.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*We reserve the right to refuse admission to anyone we believe will not uphold the high standards of professional massage therapy or who is unable to benefit from the program.*