

# APPLICATION

## BODY WELLNESS THERAPEUTIC MASSAGE ACADEMY

2401 Ferncliff Road ♦ Little Rock, AR 72223 ♦ 501-315-4325

-----  
Name

-----  
Social Security #

-----  
Mailing Address

-----  
Gender

-----  
Date

-----  
City

-----  
State Zip

-----  
Date & Place of Birth

E-Mail Address: -----

Phone Numbers: Home ( ) - . Work ( ) - .

Education: Circle highest level completed: 10 11 12 13 14 15 16 17 18 19 20  
High School College Grad. School

Highest Degree attained ----- Date: -----

**Enclose a copy of your High School Diploma, GED, or College Transcript.**

Have you attended any post-secondary school since high school? -----

If so, name and address of post-secondary school attended. -----  
-----

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, explain circumstances. -----  
-----

Do you have any disabilities? \_\_\_\_\_ If yes, explain. -----  
-----

If accepted, when would you be available to begin training? -----  
-----

If accepted, I plan to attend: \_\_\_\_\_ 500 Hour Program  
\_\_\_\_\_ 650 Hour Program

Who should be notified in case of emergency? \_\_\_\_\_  
Phone Number \_\_\_\_\_

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

**Enclosures:**

- Enclose a statement as to why you decided to pursue therapeutic massage training and why you feel you are suited for this field. List any previous massage experience or training, any other health care training
- High School Diploma, GED, or College Transcript
- 3 Professional Letters of Reference attesting to your work ethics and professionalism.
- Photograph
- \$100.00 Application Fee

In connection with my application with the school, I understand that a consumer report and police report may be requested and used in evaluating my application.

I AUTHORIZE WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH ANY INFORMATION REGARDING MY HISTORY OR MY CHARACTER. I CERTIFY THAT THE INFORMATION ABOVE IS TRUE AND COMPLETE. I UNDERSTAND THAT ALL INFORMATION HERE WILL BE HELD IN CONFIDENCE.

I understand that a non-refundable \$100.00 application fee is to accompany this application.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Date