

# *Gentle Healing*

## SCHOOL OF MASSAGE

... a place where healing and learning come together

### Application for Admission

A \$25.00 non-refundable application fee must accompany this form.

Please Specify Desired Program: (Circle One) – Full-Time or Part-Time

\*\*\*PLEASE PRINT ALL INFORMATION NEATLY\*\*\*

Name: \_\_\_\_\_ Date of BIRTH: \_\_\_/\_\_\_/\_\_\_

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

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

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

Work Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Soc. Security no. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

High School: \_\_\_\_\_ Year graduated: \_\_\_\_\_

or G.E.D.: \_\_\_\_\_ Year Received: \_\_\_\_\_

Additional Education/ College/ Degrees:

\*\*\*Please List DEGREE: \_\_\_\_\_

(Use separate sheet for additional education information and attach)

Current Occupation: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

\*\*Please submit the following:

- This completed **Student Application** including **the attached Questionnaire and Reference Sheet**
- A copy of your **High School Diploma**
- A form of **Signature Identification**
- **\$25.00 Application Fee**

Full Name of Person who referred you to our school  
(if applicable): \_\_\_\_\_

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

By signing this document, I acknowledge that I will automatically be bound to the Tuition Refund Calculation Form, the Enrollment Contract, and Payment Contract after receiving my school materials and attending two full classes as a matriculated student, even in the absence of these forms.

# Prospective Student Questionnaire

**Please answer the following questions. Feel free to use additional paper if necessary.**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

1. To touch someone means?
  
  
  
  
  
  
  
  
  
  
2. The three strongest impressions I have had from receiving a massage are?
  
  
  
  
  
  
  
  
  
  
3. The support of family and/or friends in your pursuit to complete the massage therapy program is very important. Describe how they have already supported you, and how you anticipate their role in supporting you throughout your schooling?
  
  
  
  
  
  
  
  
  
  
4. Please list any previous massage, bodywork or health related education you have had in the past. Please describe what courses you enjoyed the most and the least.

## **Prospective Student Questionnaire**

5. To be a massage therapist you must be able to meet the physical demands of bodywork. Are you confident in your ability to condition yourself to utilize appropriate body mechanics? Please explain. Do you have any concerns regarding these demands?
  
6. You will need to devote several hours of independent study (an average of 1-2 hours of study and massage practice for every 4-5 hours of class time). Do you feel you will be able to adjust your schedule to allow for this time so that you will be able to successfully complete the entire course? If not, what obstacles do you feel are in the way and how can you overcome these obstacles?
  
7. Will your job or current responsibilities allow flexibility to meet the time necessary for attendance, course work, clinic fulfillment and study time? Explain how you intend to budget your time based on 1-2 hours of study for every 4 hours of class.
  
8. Do you have reliable transportation to and from school?
  
9. How did you first hear of Gentle Healing School of Massage? Why is Gentle Healing School of Massage your choice for training in the massage / bodywork field?
  
  
  
  
  
  
  
  
  
  
10. Why do you feel that “now” is the right time in your life to begin training for a career in the massage / bodywork field?

**Thank you for your time in answering these questions.  
They will truly be helpful in your new journey of education.**

## Personal Reference Sheet

Please provide 4 complete references. The references are required to be legal residents of the U.S. and ADULT RELATIVES and/or ADULT FRIENDS or COLLEAGUES 18 years of age or older.

1)

\_\_\_\_\_ name

\_\_\_\_\_ address

\_\_\_\_\_ city, state, zip

\_\_\_\_\_ phone

\_\_\_\_\_ work phone

\_\_\_\_\_ relationship

2)

\_\_\_\_\_ name

\_\_\_\_\_ address

\_\_\_\_\_ city, state, zip

\_\_\_\_\_ phone

\_\_\_\_\_ work phone

\_\_\_\_\_ relationship

3)

\_\_\_\_\_ name

\_\_\_\_\_ address

\_\_\_\_\_ city, state, zip

\_\_\_\_\_ phone

\_\_\_\_\_ work phone

\_\_\_\_\_ relationship

4)

\_\_\_\_\_ name

\_\_\_\_\_ address

\_\_\_\_\_ city, state, zip

\_\_\_\_\_ phone

\_\_\_\_\_ work phone

\_\_\_\_\_ relationship