

~ Application ~

Sedona School of Massage
75 Bell Rock Plaza, Suite B, Sedona AZ. 86351

Please complete and return this application along with the following:

- \$50.00 application fee made payable to the Sedona School of Massage:
- copy of a high school, GED or college transcript:
- brief biographical sketch, explaining your motivation for training in massage and your philosophy of healthcare.
- recent photograph of yourself

Last Name		First Name		Middle Name		Date			
Mailing Address		City		State		Zip		Area Code & Telephone	
Birthdate		Male		Female		email address			

Semester Desired: Spring 2012 Fall 2012 Spring 2013

How did you hear about our school?

In case of emergency, please contact:

Name			Relationship to student						
Mailing Address		City		State		Zip		Area Code & Telephone	

Education:

Name of High School		Address		Certificate or Degree	
Name of College		Address		Certificate or Degree	
Name of Technical or Vocational		Address		Certificate or Degree	

Please list any previous experience or training in massage therapy:

Have you ever been convicted of a felony? Yes No

Have you had any communicable diseases within the last two years? Yes No

If yes, give details: _____

Are you currently taking any medications? Yes No

If yes, please list: _____

Is there anything that would be helpful for us to know about your mental or physical condition while you are in massage school?

Please list two references (other than family members):

_____ Name

_____ Name

_____ Address

_____ Address

_____ City, State, Zip Code

_____ City, State, Zip Code

_____ Area Code and Telephone #

_____ Area Code and Telephone #

I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read the Sedona School of Massage policies as stated in this catalogue.

Signature of Applicant Date

Signature of Parent or Guardian (if applicant is under age 18) Date

_____ Application Reviewed and Accepted by (school administrator)	Date
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