



STUDENT APPLICATION

Date of Application _____

Application must be filled out COMPLETELY. Incomplete applications will not be accepted and may result in delayed enrollment.

Last Name _____ First _____ MI _____

Address: Street _____ Apt. _____

City _____ State _____ Zip _____

Cell Phone _____ Home Phone _____ Work _____

Email address _____

Gender Male _____ Female _____

Marital Status: Single _____ Married _____ Divorced _____ Widowed _____

Social Security Number _____ DOB _____

Current Occupation _____ Previous Occupation _____

Employer _____

Address _____

Emergency Contact _____

Phone Number _____

Relationship _____

Education Level: High School Graduate _____ GED _____ Trade School _____

College Graduate _____ Some College _____

Schools Attended, Location, and year completed

High School _____

Trade School _____

College _____

Your Story: Please attach a written story about yourself, how you became interested in becoming a Massage Therapist, and any work and/or educational background that may relate to the field of Massage Therapy or the reason you are pursuing an education in Massage. Include any expectations you have of Massage Therapy as a career and any goals, if any that you would like to achieve.

Application Fee: 50.00

Graduates must be a minimum of 18 years of age and be able to pass a background check required by The State of Texas in order to be eligible for licensure as a Massage Therapist.

Applicants who have any previous history that may appear on a background check are strongly encouraged to have a background check before enrolling in Massage Therapy classes. You may do this by contacting the Department of State Health Services, by phone (512) 834-6616 or information may be found at www.dshs.texas.gov The fee is 50.00 payable to Texas Department of State Health Services.

Student Signature _____ Date: _____

Student name (print) _____