



Infinite Healing Institute
OF MASSAGE THERAPY

Admissions Application

(Professional Massage Therapy Program)

PLEASE PRINT CLEARLY IN BLUE OR BLACK INK – ALL SECTIONS ARE REQUIRED AND MUST BE COMPLETED PRIOR TO CONSIDERATION

DATE OF APPLICATION: ___/___/___ PREFERRED START DATE: ___/___/___

Full Legal Name: _____ Soc. Security #: ___ - ___ - ___ DOB: ___/___/___ Age ___

Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Other Phone #: _____

Driver's License/ID #: _____ State: _____ Email: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Have you ever gone by any other name (married/maiden/etc.) Yes ___ No ___ Name(s): _____

SEX AT BIRTH:

___ Female
___ Male

CITIZENSHIP:

Are you a US citizen?
___ Y
___ N

VETERAN:

Are you a Veteran?
___ Y
___ N

MARITAL STATUS:

___ Single
___ Married
___ Divorced
___ Widowed

EDUCATION:

___ High School (current)
___ HS Graduate (Yr. ___)
___ GED (Yr. ___)
___ Other: _____

ETHNICITY

___ Alaskan Native ___ Caucasian ___ Unknown
___ American Indian ___ Hispanic ___ Prefer not to answer
___ Asian ___ Other
___ African American ___ Pacific Islander

PERSONAL REFERENCES (must be different than Emergency Contact and may not live with applicant):

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Applicants must submit proof of identity (photo ID), proof of citizenship (Social Security Card), and proof of secondary education (Diploma, Official Transcripts, GED, or Higher Education Degree) along with this application. No application will be reviewed without the application fee. If submitting application materials by mail, it will be necessary to bring original documents to the school for verification prior to acceptance. I understand that if accepted, an enrollment meeting will be scheduled and a non-refundable registration fee of \$100 will be due at that time to process enrollment and hold my place in the class. I understand that if my application is accepted and I do not enroll for the "Preferred Start Date" I have chosen, my application will be good for one year from the "Date of Application". If I do not enroll within one year of the "Date of Application" listed above, I will be required to apply with a new "Admissions Application" form and supporting documents. I understand that the School Catalog, containing relevant school statistics and program information, is available at my request. I certify that I have received and completed the "Admissions Application" and that all statements on this application and accompanying documents are true and correct to the best of my knowledge.

APPLICANT SIGNATURE: _____ DATE: _____

ADMINISTRATIVE USE ONLY

Date Received: ___/___/___ Application Fee Paid: ___ Accepted: ___ Denied: ___ Enrolment Scheduled: _____

Notes: _____