

APPLICATION FOR ADMISSION - SILOAM SCHOOL OF MASSAGE
3110 Commercial Ave, Suite 103, Anacortes WA 98221

Applicant Information - all fields required

Name	
Birth Date, Gender	
Address	
Phone	
Email	
Driver's License #	
Social Security #	

Education

High School, Year	
College	
Other	

Employment

Current Employer	
Address	
Phone	
Start date, End Date	
Reason for leaving	

Medical History - List any medical or psychological conditions or medications which may affect your ability to complete your training or your future as a massage practitioner.

Briefly describe your motivation in choosing to become a massage therapist

References - List three people not related to you.

1. Name, Relationship	
Address, Phone	
2. Name, Relationship	
Address, Phone	
3. Name, Relationship	
Address, Phone	

The information in this application is true and complete to the best of my knowledge.

Signature _____ Date _____

To Complete the Application

Include a current 2"x 2" headshot photo.

Include a non-refundable application fee of \$100.

Make checks payable to **Siloam School of Massage**.

Mail to: Siloam School of Massage

3110 Commercial Ave, Suite 103

Anacortes WA 98221

Please complete all sections of the application. Siloam School of Massage will contact you to schedule an interview when all application materials have been received. If you attended a massage school please have transcripts sent.