

SILOAM SCHOOL OF MASSAGE
APPLICATION FOR ADMISSION

Applicant Information

Name _____ Birth Date _____ Gender _____

Address _____ City _____

State/Province _____ Zip Code _____ Country _____

Phone _____ Email _____

SS# _____ Driver's License # _____

Education

High School _____ Grad/GED date _____

Professional/Vocational School _____

College _____ Degree _____

Employment History

Current Employer _____

Address _____ Phone _____

Start Date _____ End Date _____ Reason for Leaving _____

Previous Employer _____

Address _____ Phone _____

Start Date _____ End Date _____ Reason for Leaving _____

Medical History

Do you have any medical conditions that may influence your ability to complete your massage therapy training or that may affect you in the future as a massage practitioner? These conditions may include: injuries, chronic conditions, surgeries, diseases, psychological issues, etc. Are you taking medications?

References

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

Name _____ Relationship _____

Address _____ Phone _____

To Complete the Application

- ___ Order transcripts from schools previously attended.
- ___ Include a current 2"x 2" headshot photo.
- ___ Include a non-refundable application fee of \$100. Please make checks payable to SILOAM SCHOOL OF MASSAGE.

A Siloam School of Massage representative will contact you to schedule an interview when all completed application materials have been received.

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

Signature _____ Date _____