



### Application for Admission

(Please print legibly using black or blue ink)

HandsOn Therapy Schools

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

SS \_\_\_\_\_ TX DL# \_\_\_\_\_ Birth Date \_\_\_\_\_

Male    Female

Current Employment \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship to Applicant \_\_\_\_\_

*I am applying for this program* (select which program and program option that applies)

<b>500 Hrs Basic</b>
450 Hrs Classroom 50 Hrs Internship
Day Programs 14 wks    28 wks
Evening Programs 28 wks

<b>600 Hrs Advanced Therapist</b>
Basic Program
Plus
80 Hrs Classroom, 20 Hrs Practice

<b>750 Hrs Master Therapist</b>
Basic Program
Plus
200 Hrs Classroom, 50 Hrs Practice

### Schedule Request

	Hours/Wk	Days	Time
Full Time	36	Mon-Thurs	8:30a-5:30p
Mornings	18	Mon-Thurs	8:30a-12:30p
Afternoons	18	Mon-Thurs	12:30p-5:30p
Two Days/Wk	18	Mon and Wed	8:30a-5:30p
Two Days/Wk	18	Tues and Thurs	8:30a-5:30p
Evenings	18	Mon-Thurs	6:00p-10:30p
Two Evenings	9	Mon and Wed	6:00p-10:30p
Two Evenings	9	Tues and Thurs	6:00p-10:30p

Preferred Start Date of Program: \_\_\_\_\_

**NOTE: This form must be accompanied by: a) a \$250 non-refundable school application fee prior to start of any applications for financing. ; b) a 1-page "hand-written" essay about why you want to become a massage therapist; and, c) a written recommendation from a health/fitness professional.**

Please be aware that dates and times of classes are subject to change, depending on enrollment. Prospective students are advised to file this application as soon as possible. Classes are limited in size and enrollment is closed when classes are filled.

*"In connection with my application, I understand that a consumer report containing public record information may be requested. This report may include the following types of information: names and dates of previous employers, credit information, bankruptcy proceedings, and other relevant information from federal, state and agencies both public and private. No charge is made to me to obtain this report."*

Your signature below indicates that the following information on the application is true and accurate to the best of your knowledge and you authorize any party or agency contacted to furnish the above information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Student Profile

Previous Education     GED                       HS diploma                       Post-Secondary  
 Associates Degree     Baccalaureate                       Post Baccalaureate

Age Group                       under 25       25-34                       35-44                       45 or over

Ethnicity                       White/Non-Hispanic     Black/Non-Hispanic     Hispanic  
 Asian/Pacific Islander     American Indian/Alaskan     Other