

# ALOHA SCHOOL OF MASSAGE THERAPY

355 Hukilike St. Suite 203, Kahului, HI 96732 • Tel: (808)871-9966 • Fax: (808)871-1866 • www.alohamassageschool.com

## APPLICATION FOR ADMISSION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Do you need a Student Visa? \_\_\_\_\_

Occupation: \_\_\_\_\_ Address: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_ Phones: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Month and year you wish to start classes: \_\_\_\_\_

---

Previous massage experience or training: \_\_\_\_\_

Number of professional massages you have received: \_\_\_\_\_

Educational history and life experiences: \_\_\_\_\_

Describe your most recent experience as a student: \_\_\_\_\_

What is your favorite way of learning? (for example, auditory, visual, kinesthetic): \_\_\_\_\_

What motivates you to become a massage therapist? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe a personally challenging experience and how you dealt with it: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to finance your tuition and living expenses? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your personal health history: any current medications, injuries, surgeries, disabilities (*do you have any limiting conditions or special needs?*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about and choose ASMT? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

Have you ever had a credential or license revoked or suspended?  Yes  No

Do you have any substance abuse issues?  Yes  No

Any special concerns or other comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is correct and complete to the best of my knowledge. I have enclosed with this application a non-refundable application fee of \$35 and a recent photo.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_