



# ALOHA SCHOOL OF MASSAGE THERAPY

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

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

Educational history and life experiences:

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Describe your most recent experience as a student:

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

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*Please continue on reverse side. Attach additional sheets as needed.*

What motivates you to become a massage therapist?

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

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

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

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How did you hear about and choose ASMT?

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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:

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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 \$45.00 and a recent photo.

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