

CHARLESTON SCHOOL OF MASSAGE, INC.

778 Folly Road
Charleston, South Carolina 29412
(843) 762-7727

Please check:

[] Healing Arts & Clinical Massage Therapy - Day Classes

[] Therapeutic Massage - Evening Classes

[] Specialty Training Certificates

APPLICATION

Name: _____

Address: _____

STREET

CITY

STATE

ZIP

Phone: Home () _____ Work: () _____

Date of Birth: _____ Social Security Number: _____

Current Occupation: _____ Employer's Name: _____ Phone: _____

In Case of Emergency Notify: _____

Phone: () _____ Relationship: _____

List the names, addresses and years attended from all educational institutions you have attended:

HighSchool: _____

College: _____

Other: _____

PERSONAL INFORMATION

1 .Why have you chosen to study MassageTherapy? _____

2 .Describe any previous training you may have in massage therapy: _____

3. Have you ever received a Professional Massage? Yes No. If so when? _____
Where? _____
4. How did you hear about the school? _____
5. Why did you choose to attend THIS school? _____
6. What are your professional goals? _____
7. What are your personal goals? _____
8. What do you hope to achieve from your training? _____
9. Please describe any conditions which may limit your learning ability and/or participation in this program: _____
10. Please describe any known skin or other allergies: _____
11. Have you ever been convicted of any morals misdemeanors or felonies of any kind? Yes No
If so, please provide complete documentation of the charges and the disposition of the case.
*Criminal background may preclude employment or licensing as a massage therapist.
12. How do you plan on paying your school tuition? () Pell Grant () Stafford Loans () Self
() Payment Plan () Other

ALL TIMES AND DATES ARE SUBJECT TO REVISION DEPENDING ON STUDENT ENROLLMENT. CLASSES ARE LIMITED IN SIZE AND ENROLLMENT IS CLOSED WHEN THE CLASS IS FULL. IT IS ADVISABLE FOR PROSPECTIVE STUDENTS TO SUBMIT THIS APPLICATION AS SOON AS POSSIBLE.

The school does not discriminate against any applicant on the basis of their race, sex, age, gender, national or ethnic origin, marital status or any non-performance related handicaps.

Everything I have stated in this application is correct to the best of my knowledge. I also understand that the school will retain this application and that all information contained herein shall be kept strictly confidential.

Applicant's Signature _____
Date

If additional space is needed to answer any question, please attach a separate sheet.

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INSTRUCTIONS: Before signing:

1. Attach \$100.00 application check
2. Attach High School Diploma, GED or equivalency letter

ADMINISTRATIVE USE ONLY: Do not write below this line

Date Received	Appointment Date	Date Interviewed	Committee Review
Accepted	Rejected	Notified	Initials