

# APPLICATION FOR ADMISSION

COMPLETE THIS FORM AND SEND TO  
**Admissions**  
**East-West Healing Arts Institute**  
**6425 Normandy Lane**  
**Madison, WI 53719**



East-West Healing Arts Institute, Inc.  
 A national leader in fully integrated massage therapy training

Attach a small photo  
 of yourself here.  
 (A photocopy of your  
 driver's license is fine.)

## PROGRAM (Choose one)

DAYTIME

EVENING

## PERSONAL INFORMATION

1. NAME (LAST, FIRST, MIDDLE)

2. DATE OF BIRTH

3. PLACE OF BIRTH (CITY, STATE, COUNTRY)

4. SOCIAL SECURITY NUMBER

## CONTACT INFORMATION

1. ADDRESS FOR CORRESPONDENCE (STREET, CITY, STATE, ZIP)

2. PERMANENT ADDRESS (IF DIFFERENT FROM ADDRESS 1)

HOME PHONE

MOBILE PHONE

HOME PHONE, ADDRESS 2

WORK PHONE

4. IF YOU ARE ABOUT TO SWITCH ADDRESS, DATE WHEN WE SHOULD BEGIN USING ADDRESS 2

3. E-MAIL ADDRESS

5. IN CASE OF AN EMERGENCY, CONTACT:  
*Name*

*Relationship*

*Telephone*

*Address*

## EDUCATIONAL HISTORY

DATES ATTENDED	NAME OF SCHOOL	LOCATION OF SCHOOL	DEGREE/CERTIFICATE
	HIGH SCHOOL		
	COLLEGE		
	COLLEGE		
	OTHER		

APPLICATION FORM CONTINUES ON OTHER SIDE

**WORK HISTORY**

DATES EMPLOYED	YEARS EMPLOYED	EMPLOYER NAME	EMPLOYER ADDRESS	JOB DESCRIPTION

**ITEMS THAT MUST BE INCLUDED WITH YOUR APPLICATION**

## 1. A BRIEF BIOGRAPHICAL SKETCH THAT INCLUDES:

- Why you want to be a massage therapist
- History of any education or experience in massage or the health field
- How you currently care for yourself in body, mind, and spirit
- How you will finance your training
- Potential impact of attending this school on your personal obligations

## 2. A LETTER FROM A GUIDANCE COUNSELOR (OR TEACHER) OR WORK SUPERVISOR STATING YOU HAVE SELF-DISCIPLINE AND A POSITIVE ATTITUDE

## 3. A LETTER FROM A HEALTH PROFESSIONAL STATING THAT YOU ARE MENTALLY AND PHYSICALLY CAPABLE OF GIVING AND RECEIVING PROFESSIONAL MASSAGE

## 4. A COPY OF YOUR HIGH SCHOOL DIPLOMA, GED, OR COLLEGE TRANSCRIPT(S)

5. \$100 NONREFUNDABLE APPLICATION FEE MADE OUT TO **EAST-WEST HEALING ARTS INSTITUTE, INC.**

I certify that the information enclosed is true. I understand any information given will be held in the strictest confidence.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE (MONTH, DAY, YEAR))

**FOR OFFICE USE ONLY**

DATE APPLICATION RECEIVED	DATE APPLICATION FEE RECEIVED	CHECK #	AMOUNT PAID
INTERVIEW DATE	INTERVIEWER	ACCEPTED: ___ YES ___ NO	
COMMENTS			