

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)

FULL TIME

PART TIME

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			