



Application Form

A \$50 application fee is required when submitting an application to **The Institute for Holistic Health**.
Checks can be made out to **The Institute for Holistic Health**.

Applicant's Personal Information

Full Name: _____

Address: _____

Cellphone: _____ Home Phone: _____

Email: _____ Date of Birth (mm/dd/yyyy): _____ Age: _____

Are you a citizen of the U.S.? Yes No

Preferred and/or Previously Held Names _____

Please list all preferred and/or previously held legal names, including those that would appear on school transcripts or other admissions documents.

Ethnicity: White, non-Hispanic Black, non-Hispanic Hispanic Native American/Eskimo
 Asian/Pacific Islander Mixed Ethnicity

Gender: Male Female Unspecified Other _____

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations) or are there any pending charges against you? Yes No

If yes, please explain: _____

How did you hear about about **The Institute for Holistic Health**? _____

Which program schedule are you interested in? Full-time Part-time Mornings
 Part-time Afternoons Unsure

Education

*You must have either completed high school, achieved a GED or the High School Equivalency (HSE) before enrolling at **The Institute for Holistic Health**.*

High School Name and State: _____

Dates Attended From: _____ To: _____ Date Graduated: _____

If not a High School Graduate, did you obtain a GED or the equivalent? _____

College/Vocational School Name and State: _____

Dates Attended: From: _____ To: _____ Degree Earned: _____

Do you have any physical limitations that would prevent you from participating in the program or working as a massage therapist? Yes No *If yes, please explain:* _____

The Institute for Holistic Health can provide accommodations in the classroom for students who qualify. Please check YES or NO if you would like more information about applying for accommodations by meeting with the Educational Director.

First Reference

Please include two professional references of a previous employer, colleague, professor, etc. References may not be related to applicants and applicants are required to know the reference for more than one year.

Full Name: _____ Relation: _____

Phone: _____ Email: _____

Second Reference

Please include two professional references of a previous employer, colleague, professor, etc. References may not be related to applicants and applicants are required to know the reference for more than one year.

Full Name: _____ Relation: _____

Phone: _____ Email: _____

Emergency Contact

Full Name: _____

Cellphone: _____ Workphone: _____

Signature

Applicant's Signature: _____ Date: _____



The
Institute for
Holistic Health

PLEASE MAIL YOUR COMPLETED APPLICATION TO
35 MAIN STREET, 4TH FLOOR, POUGHKEEPSIE, NY 12601
OR EMAIL IT TO KRISTEN@MASSAGESCHOOLNY.COM