



## 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 **The Institute for Holistic Health**?

Referred by a friend  Google search  Facebook  Instagram  LinkedIn  Other \_\_\_\_\_

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.  Yes  No

### 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, 4<sup>TH</sup> FLOOR, POUGHKEEPSIE, NY 12601  
OR EMAIL IT TO KRISTEN@MASSAGESCHOOLNY.COM