

# ~ Application ~

Sedona School of Massage  
2945 Southwest Dr, Sedona AZ. 86336

**Please complete and return this application along with the following:**

- \$50.00 application fee made payable to the Sedona School of Massage:
- copy of a high school, GED or college transcript:
- brief biographical sketch, explaining your motivation for training in massage and your philosophy of healthcare.
- recent photograph of yourself

Last Name		First Name		Middle Name		Date			
Mailing Address		City		State		Zip		Area Code & Telephone	
Birthdate		Male		Female		email address			

**Semester Desired:**    Spring 2021    Fall 2021    Spring 2022

**How did you hear about our school?**

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**In case of emergency, please contact:**

Name			Relationship to student						
Mailing Address		City		State		Zip		Area Code & Telephone	

**Education:**

Name of High School		Address		Certificate or Degree	
Name of College		Address		Certificate or Degree	
Name of Technical or Vocational		Address		Certificate or Degree	

**Please list any previous experience or training in massage therapy:**

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Have you ever been convicted of a felony?

Yes  No

Have you had any communicable diseases within the last two years?

Yes  No

If yes, give details:

\_\_\_\_\_

Are you currently taking any medications?

Yes  No

If yes, please list:

\_\_\_\_\_

Is there anything that would be helpful for us to know about your mental or physical condition while you are in massage school?

\_\_\_\_\_

Please list two references (other than family members):

\_\_\_\_\_

Name

\_\_\_\_\_

Name

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

City, State, Zip Code

\_\_\_\_\_

Area Code and Telephone #

\_\_\_\_\_

Area Code and Telephone #

I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read the Sedona School of Massage policies as stated in this catalogue.

\_\_\_\_\_

Signature of Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Guardian (if applicant is under age 18)

\_\_\_\_\_

Date

Application Reviewed and Accepted by (school administrator)	Date