



Downeast School of Massage

Application for Enrollment

Date _____

Name _____ Social Security Number _____

Address _____

City _____ State _____ Zip _____ Cell phone _____

Phone (h) (____) _____ Phone (w) (____) _____ E-mail _____

Date of Birth _____ Age _____ Marital Status _____

Applying for:

- Completion of January program.
- Completion of September program in one year.
- Completion of September program in two years.

Education (include high school, university, location, date, degree)

Employment

Current occupation: _____

Place of employment: _____ Date hired: _____

Personal

Have you ever been convicted of a felony or misdemeanor? Yes No

If yes, explain: _____

Do you have any physical or health problems? _____

Do you have previous experience in the field of Massage? Yes No

If so, where? _____

Have you had training in any other health field (nursing, EMT, etc.)?

Have you received Massage Therapy before? Yes No



Enclosures with Application

1. Please briefly tell us why you wish to become a Massage Therapist, including a description of areas of interest and your goals.

2. Enclose a transcript of last school attended or high school diploma/equivalent.

3. References

Please enclose two written, detailed character references which address your moral character, ambition, dependability, etc. No references from people related to you, either by blood or by marriage, will be accepted. One reference must be from a person who has known you for at least three years, and one must be from a supervisor, teacher, or person who knows you in some working capacity (the latter does not need to have known you for three years, but must be able to verify your character and explain how s/he knows you). Reference letters should be typed and signed; however, we will accept legibly handwritten letters provided the writer's name, address, and phone number are neatly printed.

4. Please enclose a recent individual photograph.

5. Method of Payment: Pay in Full Two Payments Monthly Payments

6. Forward application with:

- One check for the Non-Refundable Application Fee and
Registration \$150.00

To: Director of Admissions
Downeast School of Massage
PO Box 24
Waldoboro, ME 04572-0024

Applicant Signature: _____

Signing this application verifies that all questions have been answered truthfully.

We strongly suggest attendance at one of DSM's frequent open houses.