



Insert A

**These Hands School of Massage LLC
Massage Therapy Program Application
2724 Stewart Ave., Wausau, WI 54401
(715) 574-7631**

APPLICATION (circle one) Traditional 10 mo. Program Accelerated (Jan start) Program

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Age: _____ Date of Birth: _____ Social Security #: _____

Sex: ___Female ___Male Citizen of U.S. ___Yes ___No

Employment Status: ___Full ___Part Time ___Unemployed (Occupation): _____

Educational Background: (include name, city/state, dates attended,

degree)

High School: _____

College: _____ Tech / Vocational:
_____ Other Professional

Courses: _____

*Transcripts may be requested

Emergency contact:

Name: _____ Relationship: _____

Telephone number: _____

This application form **MUST** be

accompanied by:

- Two letters of reference describing your character. (No letters from family, friends, or clergy)
- Short autobiographical statement including:
 - Employment history
 - Education /experience in massage or related health field
 - Statement: What is your reason for choosing to learn massage?
 - Your ability to accept constructive criticism
 - Potential impact of schooling on personal obligations
- \$50 application processing fee
- Proof of High school diploma /G.E.D. / or H.S.E.D.
- A statement from a Medical Professional, that you are free of communicable diseases, and you can participate in classes safely.

Signature of Applicant: _____ Date: _____

**All times and dates are subject to revision depending on student enrollment * **

Mail or deliver application materials to:

These Hands School of Massage
LLC 2724 Stewart Avenue
Wausau, WI 54401

_____ 650 Hour Massage Program (Sept-June) Wednesdays & Thursdays 3:00 p.m. to 10:00 p.m.

_____ Accelerated 650 Hour Program (Jan- June) Wednesday, Thursday 3-10 pm; Friday