Body & Soul Therapeutic Massage School *Application Form*

Last Name	First Name			
Address		City	State	Zip
Home Phone #	Work Ph	one #	E-mail A	Address
Date of Birt	h	N	Male/Female	
Emergency Contact	Phone #	Relationsh	nip	
	Edi	ucational Bac	kground	
Name of Institution	Dates A	Attended		Degree/Certificate
		·		
		Work Experi	ence	
List your last two employe	ers starting wi	_		
List your last two employe	_	ith the most recer		Dl //
List your last two employe 1	_	_		Phone #
1 Employer		ith the most recer	nt:	Phone #
1 Employer		ith the most recer	nt:	Phone #
1Employer Start Date End Job Description		ith the most recer	nt:	Phone #
1. Employer Start Date End	d Date	ith the most recer	nt:	Phone #

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Please provide the following documents along with your application form.

- 1. A copy of your high school diploma or GED equivalent
- 2. A copy of any other diplomas, certificates, or licenses of additional education
- 3. A letter from a health professional stating that you are in good physical, mental, and emotional health and are physically able to give and receive massage with no adversity to your well being.
- Two letters of recommendation from an employer teacher or a health care professional (general physician

	practor, massage therapist, etc.).
	ify that the statements contained in this application and accompanying documents are true and complete to the f my knowledge.
Signa	ature Date
Chec	k List to turn in with your application:
Γ	Completed Application Form
Γ	Copy of high school diploma or equivalent
Γ	Letter from a health professional stating you are in good physical, mental, and emotional health.
Γ	Two letters of recommendation

*If you are waiting on one of the above items, you may turn in your application form stating which items you are waiting on and mail them separately.

Mail to: Body & Soul Massage School 353 N. Hillside Wichita, KS 67214