

# Inland Massage Institute, Inc.

## Application for Admissions

Program Selection:      Year:                      March (Spring)                       September (Fall)

### Applicant Information

Legal Last Name:                      Legal First Name:                      Middle Initial:

Address:

City:                      State:                      Zip:

Phone (Day) :                      Phone (Evening):                      Cell:

Email:                      Birth Date:                      Social Security Number:  
(mm/dd/yyyy)

Current Occupation:                      Previous Occupation:

### Previous Education

	Name of School	Dates of Attendance	Degree
High School			
College			
Other			

### Emergency Contact Information

Emergency Contact Name:                      Phone:

Relative Contact Name:                      Phone:

Relations: (i.e. Mother, Spouse, etc)

### Student Application Checklist

Proof of Age: (Picture ID)	Two Letters of Reference: (1) Personal (1) Professional	\$100 Application Fee:
Proof of Massage : (Receipt from Licensed Practitioner)	Official Transcripts: (High School, GED, or College)	
Current Resume: (Up to date work resume)	Personal/ Financial Information: (page 2)	

Applicant must be 18 years of age and possess a High School Diploma or GED. Inland Massage Institute, Inc.'s none-discrimination policy states that all applicants are considered equally without regards to age, race, creed, ethnic origin, sexual orientation or marital status. Prospective students are advised to submit their application as soon as possible. Classes are limited in size and enrollment and will close when classes are full.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**Please provide the following information on a separate sheet**

1. Personal	<p>a. List any workshops or trainings you've taken to prepare for enrolling in Inland Massage Institute, Inc's massage therapy program.</p> <p>b. Have you received at least one professional massage? If yes, what was your experience?</p> <p>c. Outline your time management strategy in support of your commitment to entering Inland Massage Institute, Inc's massage therapy program. Be specific in terms of how you will balance work and family responsibilities and how you will create the time necessary for study, practice and other commitments involved in this program.</p> <p>d. What skills and values do you consider important for a massage therapist to be successful?</p> <p>e. Tell us about yourself, your hobbies, and attributes, personal and professional goals, relating how this program is relevant to you.</p> <p>f. If applicable address the following:</p> <ul style="list-style-type: none"><li>* Incomplete High School</li><li>* Convicted of a felony or misdemeanor</li></ul>
2. Financial	<p>a. Discuss your financial situation and how you plan to meet your tuition requirements. Please be specific.</p>

Thank you for your interest in attending Inland Massage Institute, Inc. Please include all requested documentation and application fee, send or drop off your completed application to our office @ 111 E. Magnesium Road, Suite F., Spokane, WA 99208. We look forward to meeting you and discussing our program and your future in the profession of massage therapy. If you have any questions you may call us at (509) 465-3033 or by Email at [info@inlandmassage.com](mailto:info@inlandmassage.com).