

# Maui Academy of the Healing Arts

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www.massageschoolmaui.com

## Maui Academy of the Healing Arts Application for Enrollment

Please complete the following information and return to the school by mail or fax. Information can also be submitted through our on-line application. The application has three (3) pages total.

### I. Personal Information

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Full Name (First, MI, Last)

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Street Address or PO Box

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City

State

Zip

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Daytime Phone

Evening Phone

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Email

Social Security #: \_\_\_\_\_

Sex    Male         Female

Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_

### II. Current Employer

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Company or Business Name

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Contact Name (First, MI, Last)

Title

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Street Address

---

City

State

Zip

---

Daytime Phone

Evening Phone

**III. Emergency Contact**

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Full Name (First, MI, Last)

---

Street Address or PO Box

---

City

State

Zip

---

Daytime Phone

Evening Phone

**IV. Do you have any specific learning disabilities?**

Verbal (Concepts & Ideas)

Please describe:

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Auditory (Hearing)

Please describe:

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Visual (Sight)

Please describe:

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Kinesthetic (Touch or being touched)

Please describe:

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**V. On a separate sheet please address the following essay questions.**

1. Briefly summarize your education, both formal and informal. List any degrees attained.
2. Please describe previous massage training, experience, professional massages received, short trainings, workshops, schools and instructions. Please provide dates with each experience, if available.
3. Write a brief paragraph about your personal and professional goals, relating how this program is relevant to you.