

Initial Application

This initial application is for informational purposes and is NOT used as a contract to begin classes. The \$25 application fee is to show your commitment and pay for the time it takes to review your application and check your references.

After you fill out this application and

- 1 - Take/Send it to the school,
- 2 -Enclose \$25 Application Fee
- 3 - A teacher/student meeting will be scheduled to discuss the details. (class structure, schedule, expectations, and financing)

After the meeting, you will decide if you wish to attend school at Serenity School of Massage Therapy and at that time will be given a full Handbook and Enrollment Agreement.

*The Enrollment Agreement is where the contract and financial information will be handled.

Initial Application

Serenity School of Massage Therapy

120 W. 2nd St. Suite 3

Wayne, NE 68787 (402) 833-1551

APPLICATION INFORMATION

Name: _____

(First, Middle Initial, Last)

Address: _____

(Street Address)

(City, State, Zip Code)

Primary Phone #: _____ Work Phone#: _____

Cell Phone #: _____ Cell Phone Carrier: _____

Email Address: _____

Date of Birth: _____ Gender: _____

Emergency Contact: (Name) _____ (Phone #) _____

How did you hear about our school? _____

Have you ever been convicted of a crime? Yes or No (Circle one)

If yes, please explain: _____

Date of High School Graduation: _____

Have you ever been expelled from school? Yes or No (Circle one)

If yes, please explain: _____

Are you married? Yes or No Do you have children? Yes or No

Do you have any communicable diseases? Yes or No (Circle one)

If yes, please explain: _____

List any limitations that may affect your ability to succeed in Massage Therapy School:

EMPLOYMENT HISTORY

Employer #1: _____
(most recent)

Address: _____

Phone #: _____ Start/End Dates: _____

Brief Job Description: _____

Employer #2: _____
(most recent)

Address: _____

Phone #: _____ Start/End Dates: _____

Brief Job Description: _____

Employer #3: _____
(most recent)

Address: _____

Phone #: _____ Start/End Dates: _____

Brief Job Description: _____

Do you plan to continue working while attending Massage Therapy School? Yes or No

If so, where and how many hours? _____

FINANCIAL PLAN

How will you pay for this program? (please mark all that apply)

- Private Scholarship Family Bank Loan
- Cash Local Bank Loan (State Nebraska Bank)
- Paramount Financing Local Bank Loan (F&M Bank)
(offered through the school)
- Local Bank Loan (Elkhorn Valley Bank)
- Other
(please specify source) : _____

SUCCESS QUESTIONS:

How committed are you to completing this program, if accepted? _____

What are your plans for employment after you complete this program? _____

I UNDERSTAND THAT THIS IS AN APPLICATION FOR ENROLLMENT AT SERENITY SCHOOL OF MASSAGE THERAPY, NOT A CONTRACT. ALL INFORMATION PROVIDED IS COMPLETE AND TRUE.

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____
(if applicant is 18 years of age or younger)

All applications are due on or before August 1st, 2020
Only 12 students accepted each year on a first come/first serve basis.