

## 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 classes 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)

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 at least 2 weeks prior to the first day of class\***

Only 12 students accepted each year on a first come/first serve basis.