

# Application for Admission

**Bodymechanics School of Myotherapy & Massage and Personal Training**

7723 NE Fourth Plain Blvd, Ste D

Vancouver WA 98662

(360) 260-7280

I am applying for admission to:

**700 Hour Advanced Myotherapy & Massage Training Course**

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**100 Hour Myotherapy & Massage Transfer Program & Transcript Evaluation**

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Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**EDUCATION:** Circle the highest grade completed in each category.

**High School**    1   2   3   4    Graduation Date: \_\_\_\_\_ GED Attained: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_  
\_\_\_\_\_

**College**            1   2   3   4   5    Degree Attained: \_\_\_\_\_

Name and Address of School: \_\_\_\_\_  
\_\_\_\_\_

**CURRENT EMPLOYMENT:**

Name, Phone Number, and Address of Current Employer: \_\_\_\_\_  
\_\_\_\_\_

**IN CASE OF EMERGENCY:**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

How were you referred to us?

\_\_\_\_\_

What are your short and long-term goals?

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Tell us about yourself – your interests, attributes, hobbies, etc.

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Why do you want to be a Massage Therapist/Personal Trainer/Exercise Therapist?

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How do you plan to finance your education? \_\_\_\_\_

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How soon would you like to start training? \_\_\_\_\_

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***Please include your application fee of \$100 when you submit this application.***

***Note:*** Application fees are refundable only in the event that you are refused acceptance into the Biomechanics School. If submitting via e-mail / mail, or you would rather not send a check, please complete your credit card information authorizing us to charge the \$100 application fee:

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Signature: \_\_\_\_\_

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

\_\_\_\_\_  
Date Signed