



Application for Admission

Program Selection

Start in April

Start in October

Applicant Information

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ ZIP _____

Phone (Day) _____ Cell _____ Phone (Evening) _____

E-mail _____ Date of Birth _____ Social Security Number _____

US Citizen: Current state of residence _____

Non-US Citizen/Permanent status: _____ Non-US Citizen Visa issued by: _____

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

If yes, please explain on a separate sheet of paper.

Current Occupation _____ Previous Occupation _____

Where did you hear about the Asheville School of Massage & Yoga

Word of mouth Mountain XPress Internet Social Media

Previous Education

Other: _____

High School GED Certificate College: # of years _____

Emergency Contact Information

Emergency Contact Name _____ Phone Number _____

Relative Contact Name _____ Phone Number _____

Relation (Mother, Husband, etc.) _____

Application continues, other side



References

Please list one personal and one professional reference who can speak to your ability to complete this program.

Personal Reference: Name

Your Relationship (boss, church member, colleague, etc.)

Phone Number

Address

Professional Reference: Name

Professional Title (Licensed Massage Therapist, Physician, Yoga Instructor, etc.)

License #

Phone #

Address

On a separate sheet of paper, please write a short paragraph for each of the following:

1. Briefly tell your personal experience with massage, including why you want to attend massage school.
2. Briefly describe your experience with yoga, and tell why you are interested in yoga as a component to your massage therapy education.
3. How do you learn best? How have your past learning experiences (both formal and informal) served you or disappointed you? Do you have any learning disabilities or special needs?
4. Describe your emotional and physical readiness to fully participate in our program. (If you are unclear about this statement, please make an appointment to talk with a staff member.)
5. How do you take care of yourself physically, emotionally, and spiritually? How will you continue to do this as you begin your education in massage therapy? What tends to sabotage your self-care, and how do you address that?
6. What has been your experience with personal counseling/therapy?
7. Briefly tell about your experience with meditation and mindfulness practices.
8. How do you plan to meet your tuition requirements and take care of yourself financially while you are in school? Please be specific.

Student Application Checklist

In addition to your application, please submit to the school the following items:

- Proof of Age (copy of Driver's License or Birth Certificate)
- Copy of your high school diploma, college diploma, or GED certificate
- \$50 Application Fee (check written to Asheville School of Massage & Yoga)

Once the school has received your application and all of the items listed above, a school official will call you to arrange an interview to complete the admissions process. If you are accepted to the program, an official letter of acceptance will be sent to you after your interview.

Submit Application to: Asheville School of Massage & Yoga

77 West Walnut Street, Asheville NC 28801 or Email to Info@AshevilleMassageSchool.org