



Fox Valley School of Massage

Application for Admission

Office Use Only

Date App Rec'd _____
 Application fee _____
 App Pd Cash/ Ck/CC _____
 Essay Enclosed _____
 2 Letters of Rec _____
 Date of Inter _____
 Interview by _____
 Acpt Ltr. Mailed _____
 Date Dep Rec _____
 Deposit Amt _____
 Dep Pd by Cash/Ck _____
 Dep Letter Rec mailed _____

Have you attended the Introduction to Massage Workshop?

If YES: Month & Year attended _____

If NO: Month & Year you plan to attend _____

Wish to Enroll now? Send cash or check for \$150.00 or provide credit card information.

CC#: _____ . exp: _____

*Please type or print***General Information:**Applying for: **Fall** (Day or Night Class) **Spring** (February) & **Year:** _____

Name _____ Social Security Number _____ - _____ - _____

Date of Birth ____ / ____ / ____ Male Female

Address _____

City _____ State _____ Zip _____

Home phone () _____ - _____ Work phone () _____ - _____

E-mail address _____

Occupation _____ Place of employment _____

Work address _____

Emergency phone numbers (day and night) _____

In case of emergency contact: _____ Relationship _____

Previous Massage and Related Education:

List and describe briefly. Use a separate sheet if necessary.

Educational Background:

(Please state your name on school record, if different) _____

Name	City/State	Dates Attended	Degree
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High School _____

College _____

Tech/Vocational _____

Other Professional Courses _____

Health Status:

Allergies (to medication, foods, nuts, oils, latex, other) _____

Signed: _____

Date _____

Intention of Class Instruction:

Please check which of the following apply:

- Licensing with the state as a Massage Therapist / Employment as a massage therapist
- Licensing with the state as a Massage Therapist / Personal knowledge
- Personal knowledge and enjoyment
- Other (please specify) _____

Essay:

****Please include a brief typed essay (on a separate sheet) answering the following question.**
Why do you want to become a massage therapist and what will you contribute to the field?

References: From Employers, Co-workers, Members of the community.

Please provide the following information regarding references for admission. These should be the people writing your letters of recommendation required for admission. The letters can be sent in with your application or mailed separately from the people writing the letters.

Name _____

Address _____

City _____ State _____ Phone () _____ - _____

Relationship to applicant _____ Number of years known _____

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Name _____

Address _____

City _____ State _____ Phone () _____ - _____

Relationship to applicant _____ Number of years known _____

Tuition Payment:

- I will pay my tuition in full on the first day of class.
- I wish to pay my tuition according to one of the payment plans

How did you hear about our school? _____

Please return this form with your \$50 application fee to our post office box for secure delivery:

Fox Valley School of Massage. Post Office Box 615 Neenah, WI 54957-0615

FVSM is located in Appleton at 526 W. Wisconsin Avenue. Appleton, WI. 54911

If you have any questions while completing your application please call us at 920.993.8660

Thank You