



Twin Lakes College of the Healing Arts

State Licensed Vocational School of Massage Therapy, Hypnotherapy, Aromatherapy and Doula

Massage Program Application Form

Fall Winter Spring Summer 20___ Full Time Part Time Day Evening

Provided Student Picture for File \$50.00 Nonrefundable application fee Returning Student

Personal Information:

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email Address: _____

Would you like to be on our email list to receive information and promotional coupons? Yes No

Place of Birth _____ Country _____

Date of Birth _____ SS# (optional) _____

Driver License # _____

How did you hear about the school? _____

Contact in Case of Emergency:

Name _____ Relationship _____

Phone (day) _____ (eve) _____

Financial Information: (TLC does not qualify for financial aid or grants)

Are you employed? Yes ___ No ___ Occupation: _____ Hrs / week _____

Employer _____ Phone _____

If accepted, how would you finance your tuition? Self ___ Loan ___ Family ___ Other _____



Education:

Please tell us about your academic education (degrees, majors, etc.)

Are you a licensed or certified professional? Yes No If yes, please explain _____

Please list any previous training including seminars and workshops, etc.: _____

Do you have experience or training in any health care field? Please explain: _____

Bodywork/Personal Growth Experience:

Have you received professional massage? Yes _____ No _____ What kind? _____

What experiences have contributed to your personal growth in recent years? _____

Anything else you want to share about your life experience? _____

Educational and Personal Goals:

What are your present occupational and personal goals? _____

What motivated you to choose Twin Lakes College of the Healing Arts? _____

What do you hope to do upon completion of your studies at TLC? _____

