

~ Application ~

Sedona School of Massage
2945 Southwest Dr, Sedona AZ. 86336

Please complete and return this application along with the following:

- \$50.00 application fee made payable to the Sedona School of Massage:
- copy of a high school, GED or college transcript:
- brief biographical sketch, explaining your motivation for training in massage and your philosophy of healthcare.
- recent photograph of yourself

Last Name		First Name		Middle Name		Date			
Mailing Address		City		State		Zip		Area Code & Telephone	
Birthdate		Male		Female		email address			

Semester Desired: Spring 2025 Fall 2025 Spring 2026 Fall 2026

How did you hear about our school?

In case of emergency, please contact:

Name			Relationship to student						
Mailing Address		City		State		Zip		Area Code & Telephone	

Education:

Name of High School		Address		Certificate or Degree	
Name of College		Address		Certificate or Degree	
Name of Technical or Vocational		Address		Certificate or Degree	

Please list any previous experience or training in massage therapy:

Have you ever been convicted of a felony?

Yes No

Have you had any communicable diseases within the last two years?

Yes No

If yes, give details:

Are you currently taking any medications?

Yes No

If yes, please list:

Is there anything that would be helpful for us to know about your mental or physical condition while you are in massage school?

Please list two references (other than family members):

Name

Name

Address

Address

City, State, Zip Code

City, State, Zip Code

Area Code and Telephone #

Area Code and Telephone #

I have completed this application to the best of my knowledge and I state that the information given is true and correct. I have also read the Sedona School of Massage policies as stated in this catalogue.

Signature of Applicant

Date

Signature of Parent or Guardian (if applicant is under age 18)

Date

Application Reviewed and Accepted by (school administrator)	Date