



Synergy Healing Arts  
Center & Massage School, Inc

13593 Monterey Lane, Blue Ridge Summit, PA 17214 717-794-5778

STUDENT APPLICATION

PERSONAL DATA

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (W) \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

E-Mail \_\_\_\_\_

S.S# \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CITIZENSHIP \_\_\_\_ U.S. \_\_\_\_ OTHER PRIMARY LANGUAGE \_\_\_\_\_

CHECK BELOW THE PROGRAM YOU ARE APPLYING FOR:

*Mon/Tues/Wed - 5:00 pm – 9:00 pm*

*The 3 day a week program is 12 months.*

*88 hours of additional fieldwork is also required above the required weekly 8 – 12 hours of class time.*

EDUCATIONAL HISTORY

<i>Institution</i>	<i>Major</i>	<i>Degree</i>	<i>Date</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT HISTORY

<i>Employer</i>	<i>Position</i>	<i>Duties</i>	<i>Dates</i>	<i>Hrs per week</i>

*Please answer the following questions, feel free to use additional paper if necessary.*

- 1. To touch someone means?\_\_\_\_\_*  
\_\_\_\_\_  
\_\_\_\_\_
- 2. The three strongest impressions I have had from receiving a massage are?\_\_\_\_\_*  
\_\_\_\_\_  
\_\_\_\_\_
- 3. The support of family and/or friends in your pursuit to complete the massage therapy program is very important. Describe how they have already supported you, and how you anticipate their role in supporting you throughout your schooling.\_\_\_\_\_*  
\_\_\_\_\_  
\_\_\_\_\_
- 4. Please list any previous massage, bodywork, or health related education you have had. Please describe what courses you enjoyed the most and the least.\_\_\_\_\_*  
\_\_\_\_\_  
\_\_\_\_\_
- 5. To be a massage therapist you must be able to meet the physical demands to perform bodywork,. Are you confident in your ability to condition yourself to utilize appropriate body mechanics? Please explain. Do you have any concerns regarding these demands?*  
\_\_\_\_\_  
\_\_\_\_\_
- 6. This program requires that you attend class 3 days weekly for 4 hours each class, complete 88 hours of fieldwork outside of regular class time, plus study and practice outside of class in order to complete all written and practical material with an 70% knowledge/skill base for a period either 12 or 18 months. Attendance is mandatory for all 624 hours. Absences must be made up as stated in the school catalog or student handbook. Please state how you plan to meet this commitment.\_\_\_\_\_*  
\_\_\_\_\_  
\_\_\_\_\_
- 7. How did you hear about this program?\_\_\_\_\_*  
\_\_\_\_\_
- 8. What are your personal goals in taking this program?\_\_\_\_\_*  
\_\_\_\_\_  
\_\_\_\_\_

9. What are your professional goals in taking this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The following is a checklist of the required materials that must accompany this application.*

- \_\_\_\_\_ Letters of recommendation from 3 people who have known you for at least 2 years and are not related to you. Comments on your dependability, compatability with others, communication and academic skills.
- \_\_\_\_\_ OFFICIAL High School Graduation Transcript For Proof of completion of High School or GED Certificate (2 – 4 year College Degree Transcript is acceptable)
- \_\_\_\_\_ Enrollment Agreement
- \_\_\_\_\_ \$100.00 Registration Fee
- \_\_\_\_\_ Schedule Personal Interview ( please call for personal interview).
- \_\_\_\_\_ Completion of Basic Massage class at Synergy or proof of massage from a Certified Massage Therapist

*I have completed this form to the best of my knowledge. If I am accepted to the Synergy Healing Arts Center 624 Hour Program of Massage Therapy, I commit to fulfilling the requirements of this program to the best of my ability as a massage student and practitioner.*

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

*Send your completed application with all documentation to:*

*Synergy Healing Arts Center and Massage School, Inc  
13593 Monterey Lane  
Blue Ridge Summit, PA 17214*