Twin Rivers Therapeutic Massage Academy

Application for Admittance

Name:_____Date:_____

Last First Middle

Home Address:_____

Street Apt City State Zip Code

Home phone:_____ Work Phone:_____

Cell Phone: _____ Email: _____

Age: _____ Birthdate: _____ Social Security: _____

Marital Status: _____ Course applying for (date) _____ AM_____ PM_____

Emergency Contact (Name): _____

Home phone: _____ Work: _____ Cell: _____

Are you employed? _____ Yes _____ No. If yes where _____Contact name _____

Employer's address: _____ Phone: _____

Are there any special needs that you would like us to consider in assisting you to complete the program? If so explain here.

_____

High school: _____ Graduate _____ GED College Degree(s) held: _____

Please include with application:

- A Current resume or written description of your work experience, as well as any previous massage training or related experience. Include copies of certificates of completion.
- Copy of High School Transcript or GED or Accredited College Transcript
- A written account of your personal and professional goals, as well as your reasons for wanting to take this course
- Two letters of reference: (1) personal – from someone who has known you at least 3 years, and (1) academic or professional, preferably from someone who has known you at least 1 year.
- $100 Registration fee and $35 Background check fee. Please issue a check or money order (not cash) with the above information to avoid any delays. This fee is non-refundable after (5) business days from receipt or if applicant has begun class. The registration and Background check fees are not included in the tuition costs.
- The administration office will contact you within 48 business hours after receipt of the application to set up a 3 way appointment with a) Registrar b) Director of Education c) head of finance to continue the admissions process.

Please return application along with the information requested and registration fee to:

Twin Rivers Therapeutic Massage Academy
3510 12th St. Ste.100
Lewiston, ID 83501

(208) 717-9413
Email: info@twinriverstma.com

The Workforce Board (the state agency that regulates this school) requires that we ask you for this information, by law (RCW 28C.10.050). Providing your social security number is voluntary. By law, the information you provide on this form cannot be given out by any state agency as public information. The Workforce Board will not disclose data to anyone except authorized Workforce Board employees or contractors working on specific research activities, who follow strict confidentiality procedures. This format follows the information required to be submitted by the school as part of the annual student data report.

TWIN RIVERS THERAPEUTIC MASSAGE ACADEMY
3510 12TH Street, Suite100
Lewiston, ID 83501
208-717-9413
www.twinriverstma.com

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Date of Birth: _____/_____/_____

Social Security Number ---------- ____

Race (Check only one box):

- ☐ White/Caucasian
- ☐ Black/African American
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Multiracial
- ☐ Other Hawaiian Native or other Pacific Islander

*Are you Hispanic in origin? ☐ Yes ☐ No
*Are you disabled? ☐ Yes ☐ No
*Are you a military veteran? ☐ Yes ☐ No

Sex: ☐ Male ☐ Female

Highest grade completed:

- ☐ Less than high school graduation
- ☐ High school graduate
- ☐ GED
- ☐ Some post high school, no degree/certificate
- ☐ Certificate (less than 2 years)
- ☐ Associate degree
- ☐ Bachelor's degree
- ☐ Master's degree or higher

_____ _____
Student Signature Date