APPLICATION FOR ADMISSION / RE-ADMISSION 2012-2013

Enclose $50 with application for admission and mail to:

PMI – ADMISSIONS Office
668 Route 194 N.
Abbottstown, PA 17301

Name: _____
First Last

Name on transcript if different from above:_____

Address:_____

_____

Phone - day:_____evening:_____CELL: _____

email:_____

Social Security #._____Birthdate:_____

Citizenship: _____U.S. _____Other_____

Primary Language: _____ U.S. Veteran? _____

Have you ever been convicted of a crime?_____

If yes, please explain:_____

Emergency Contact:_____Phone:_____

List any learning disabilities:_____

EDUCATION: Before official enrollment please submit a copy of your official high school transcript or diploma, or G.E.D., or college transcript. List any previous experience or training in the massage therapy or wellness, or holistic health care fields:

_____

I HEREBY STATE THAT THE INFORMATION CONTAINED ON THIS APPLICATION IS TRUE AND ACCURATE. I UNDERSTAND THAT PROVIDING FALSE INFORMATION IS GROUNDS FOR DISMISSAL

_____ _____
APPLICANT'S SIGNATURE DATE

PLEASE ATTACH SEPARATE SHEETS FOR FOLLOWING:

1. Please type/word process an essay
   defining the term "wellness," with at least one authoritative source on the subject; Relate how the referenced statement(s) you choose describes or supports the meaning of wellness in your life. Include the influence of the health of your mind (mental/emotional), body (physical health), and spirit (spiritual) as you perceive them in your personal life. (The "influence" of each of these 3 areas may be positive, negative, or none at all. We do not judge your opinion or perspective as "right" or "wrong." Acceptance into our program is not based on your perspective.) Please list reference(s) used at end of essay.

2. Please "type/word-process" an essay telling us why you are interested in massage therapy.