



# Downeast School of Massage

## Application for Enrollment

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell phone \_\_\_\_\_

Phone (h) (\_\_\_\_) \_\_\_\_\_ Phone (w) (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Marital Status \_\_\_\_\_

### Applying for:

- Completion of January program.
- Completion of September program in one year.  
*Schedule Option (Sept. program only; see page 16)*
  - Wednesday
  - Wed. & Thurs. Evenings
- Completion of September program in two years.

### Area of Concentration:

- 1 Sports Massage
- 2 Shiatsu
- 3 Energy Quest

**Education** (include high school, university, location, date, degree)

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### Employment

Current occupation: \_\_\_\_\_

Place of employment: \_\_\_\_\_ Date hired: \_\_\_\_\_

### Personal

Have you ever been convicted of a felony or misdemeanor?  Yes  No

If yes, explain: \_\_\_\_\_

Do you have any physical or health problems? \_\_\_\_\_

Do you have previous experience in the field of Massage?  Yes  No

If so, where? \_\_\_\_\_

Have you had training in any other health field (nursing, EMT, etc.)?

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Have you received Massage Therapy before?  Yes  No

## Enclosures with Application

1. Please briefly tell us why you wish to become a Massage Therapist, including a description of areas of interest and your goals.

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2. Enclose a transcript of last school attended or high school diploma/equivalent.

3. References

Please enclose two written, detailed character references which address your moral character, ambition, dependability, etc. No references from people related to you, either by blood or by marriage, will be accepted. One reference must be from a person who has known you for at least three years, and one must be from a supervisor, teacher, or person who knows you in some working capacity (the latter does not need to have known you for three years, but must be able to verify your character and explain how s/he knows you). Reference letters should be typed and signed; however, we will accept legibly handwritten letters provided the writer's name, address, and phone number are neatly printed.

4. Please enclose a recent 5" x 3" individual photograph.

5. Method of Payment:  Pay in Full  Two Payments  Monthly Payments  SLM Financial

6. Forward application with:

- One check for the Non-Refundable Application Fee = \$ 50.00
- A separate check for Registration (\$100) plus deposit (\$200) = \$300.00

To: Director of Admissions  
Downeast School of Massage  
PO Box 24  
Waldoboro, ME 04572-0024

Applicant Signature: \_\_\_\_\_

Signing this application verifies that all questions have been answered truthfully.

*We strongly suggest attendance at one of DSM's frequent open houses.*