



## Initial Application for Admission

Name:

Date of Application:

Address:

City, State, Zip code:

Date of Birth:

Citizenship:

Telephone:

(Home)

(Work)

(Cell)

Email Address:

Class applying for:

Spring Intensive '09 (5/4/09 Mon-Fri)       Summer '09 (8/8/09 Tues, Thurs, Sat.)  
 Fall Intensive '09 (9/14/09 Mon-Fri)

### Personal References:

1) Name (non-relative):

Email Address:

Telephone:

(Home)

(Work)

(Cell)

2) Name (non-relative):

Email Address:

Telephone:

(Home)

(Work)

(Cell)

Your Occupation:

How long at this job?

Your Employer:

(Name)

(Address)

(Phone)

### History of Education:

High School:

(Name)

(City, State)

(Graduation Date)

Colleges:

(Name)

(City, State)

(Graduation Date)

Why do you want to become a Massage Therapist?

How do you plan to pay for school?  **Personal** (Upfront Payment in Full)  **Sallie Mae**  **Veterans Affairs GI Bill**   
**Scholarship/Grant** (\*HHAC does not provide any scholarships or grants; Each student is responsible for securing own finances)

How did you know about Hawaii Healing Arts College?  **HHAC Web Site**  **Natural Healers**  **Other:**

Enclose \$300 non refundable application fee

**Application deadline is due 5 weeks prior to the first day of class.**

*Kulia i ka nūtu*

*"Strive for the Highest"*

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