Filling out this application is not guarantee of enrollment.

Massage School Application for Admission

Thank you for choosing your career in the wellness self-care field through us.

Please PRINT Application, if you are in need of special assistance to fill out application please contact our office.
Physical Location: 2500 Memorial Blvd, Suite B, Kerrville Texas 78028 - TEXT (830) 928-3118
Mailing: PO BOX 290731, Kerrville Texas 78029

Full Birth Name	F:		M:		Last:
Date of Birth	_ _ /_ _ /_ _ _ _	Birth Gender	M / F	Nickname	
Contact Info	Cell: ( )	Physical Address			
		State	City		ZIP
		Mailing Address			
		State	City		Zip

Emergency Contact	Name	Cell	Relationship	
Education				
Grade School Highest Level of Completion				City
Gradutation Y / N	Graduation Year			
Trade School or College Education List All		High School Name		State

1)	Graduation /Completion Year	
2)	Graduation /Completion Year	
3)	Graduation /Completion Year	

Wanting to transfer current massage school credits?	From?

Have you ever been convicted of a felony or misdemeanor other than traffic violation? Y / N	Year / /_ _ _ _
Please Explain.	
Why HCMA?	
What are your top 3 reasons of wanting to enter this wellness self-care field?	
1) 2) 3)	
Do you have any reservation to giving or receiving touch/ being in the same environment/ or massage from all classmates? Y / N	
Explain if YES	
Do you need any accommodations for (visual imparments, Dyslexia, hearing imparments, ect.)	
What kind of special teaching or education assistance are you needing to attend program here?	

Do you have any physical conditions that would inhibit you from participating, or practicing in every aspect of the program and internship?					
Explain if YES (allergies to oils, mental illness, skin conditions, pregnancy, communicable diseases, ect.)					
I'm intrested in enrolling in	(Fall)	or	(Spring)	Semester?	20____

Is there anything you would like to comment or added information you would like to mention that would help your acceptance of enrollment here?

ESSAY QUESTIONS:

Why are you interested in pursuing a career in massage therapy?
What personal experience do you have in this field?
What are your career goals after graduation?

Please attach essay answers on a separate paper. Each answer should at least have 3 or more sentences.

Required Document Check-List

- Completed Application Form
- $50 Registration Fee (non-refundable)
- Copy of Photo ID (Driver's License/Passport)
- Copy of High School Diploma or GED
- One Letter of Recommendation (Optional)
- Essay Answers

Please attach one letter of reference from a non-family member that can be contacted upon submission.

Signature Date

*Please make sure all spaces in application are filled or put N/A (Not Applicable) if it does not apply to you.

For Administrative Office Use Only Below This Line

Date received_____ Admin: _____

How many pages in total received_____ Saved System Entry_____ Saved By_____

Correspondence: 1) _____Date_____ 2)_____Date_____

Student Acceptance/ Denial by_____ In Person Interview Done by_____Date____

Reason for Denial_____

Semester Start Date_____ Deposit Paid_____ Amount_____ Form of $_____

Notes: