



Midwest School of Massage
6550 S. 84th Street, Suite 400
Omaha, NE 68127
(402) 331-8383

Full time
Fall____Winter____Spring____

Application for Admissions - PART 1

Please complete this application and mail it to us along with a \$50 non-refundable application fee (payable to Midwest School of Massage). Please read instructions carefully and complete all questions. This application cannot be processed if questions are left unanswered.

PLEASE PRINT OR TYPE
General Information

First Name: _____ Middle Initial: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

E-Mail: _____

Date of Birth (MM/DD/YY): _____ Age: _____

Social Security Number: _____

Are you a citizen of the U.S.? Yes ____ No ____

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

Yes ____ No ____ If yes, please explain on a separate sheet of paper.

How did you find out about Midwest School of Massage?

Emergency Contact: Identify two (2) people to be contacted in case of an emergency:

1. Name _____ Relationship _____

Day Phone () - Evening Phone () -

2. Name _____ Relationship _____

Day Phone () - Evening Phone () -

Education – Nebraska State requires completion of high school or legal equivalent (GED) before enrolling in a licensure-qualifying massage therapy program. Please submit your high school transcript or GED certificate to our Admissions Office.

High School Name and Address:

Dates Attended: From: _____ To: _____ Date Graduated: _____

If not a High School Graduate did you obtain a GED? Yes ____ No ____

College/Vocational School Name and Address:

Dates Attended: From: _____ To: _____ Date Graduated: _____

Degree Earned: _____

Did you receive Financial Aid? Yes ____ No ____

Please list all previously held legal names, including those that would appear on school transcripts or other admissions documents:

Medical Information – Describe any disability, physical condition, medical condition and/or psychological condition that may require special accommodations or inhibit your ability to perform massage (specify medications you are taking and check all the conditions that apply):

Cardiac or Circulatory Problems: _____ Diabetes: _____ Broken Bones: _____

High Blood Pressure: _____ Low Blood Pressure: _____ Epilepsy: _____

Recent Surgeries: _____ Other (Specify) _____

Signature – I hereby state that the information provided in this application is truthful, and I understand that providing false information can result in dismissal from the program.

Applicant's Signature

Date



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info@midwestschoolofmassage.com

PART 2 - APPLICATION CHECK LIST

Congratulations on taking your next step towards enrollment! The checklist below lists the additional admissions materials for Part 2 of the application which are required to complete your enrollment:

- ☐ Personal Statement (based on the questions found in this packet)
- ☐ Two Letters of Recommendation (use forms included with this packet)
- ☐ Recent photo ID
- ☐ High School Transcript or GED certificate

Remaining application materials due by: _____

We look forward to meeting with you! Contact us at the number below with any questions you may have.

Best Wishes,

Les Lundberg
Director of Massage

Erinn Machacek
Director of Curriculum/Student Affairs



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RECOMMENDATION FORM

Applicant: Please complete the information requested below. References must be from persons who are not related to you and have known you for at least one year. The person writing the recommendation must return this form to the admissions office.

*Applicant Name: (Please Print) _____

The Family Education Rights and Privacy Act (USA) permits us to request, but not require, that you waive your right to inspect this evaluation. If you elect to waive your rights of access and review, please sign your name below.

Signature _____ Date _____

To the Person Writing the Recommendation - Thank you...

Thank you for taking the time to complete this form. There are challenges, both personal and academic, that students face during this program. We look for candidates who can successfully meet these challenges both in school and as a professional. Please assess the applicant's qualifications and answer the following questions candidly. The student's application is not considered complete until this recommendation form is received. Please mail completed form to:

Midwest School of Massage – 6550 S. 84th Street, Suite 400, Omaha, NE 68127

***Please note: If the applicant's signature does not appear above, the applicant has the right to review your evaluation under the Family Education Rights and Privacy Act.*

Your Name: _____ Occupation: _____

Address: _____

Telephone: (____) ____ - ____ How long have you known the applicant? ____ Relationship to applicant: _____

What do you perceive to be the applicant's strengths, quality of intention and character with regard to pursuing a career in the healing arts?

Please discuss anything that you feel will interfere with the applicant's academic pursuits or ability to work as a massage therapist/healing arts practitioner.

Please rate the applicant on the following:

	Excellent to	Good	Average	Below Average	Unable Assess
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to adapt to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-awareness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to handle academic work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desire to learn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perseverance in working toward personal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ I recommend this applicant for acceptance
- ☐ I recommend this applicant with reservations
- ☐ I do not recommend this applicant

Additional Comments:

Please attach an additional page if you need more space for comments.

Signature: _____ Date: _____



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Dependability and reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Personal Statement

Please write a paragraph or so in answer to each question below:

- How did you become interested in the field of massage therapy? What are your career goals in massage therapy?
- How do you learn best? Do you have any learning disabilities or special needs?
- How would you describe your emotional and physical readiness to engage with the School's learning process? Discuss both strengths and weaknesses.
- An intensive program in massage therapy may bring personal issues to the surface. How do you practice self-care in your physical, emotional and spiritual life? What supports you? Will you be able to continue this process of self-care while attending this program? Can you identify areas that need more focus or improvement?
- How do you plan to meet your tuition requirements and take care of yourself financially while you attend school? Please be specific.

You may either hand-write your personal statement and mail to Admissions at the address above, or type and email to info@midwestschoolofmassage.com