

**Application for Program Admittance ANN ARBOR SCHOOL OF M, H & NM**

It is necessary to apply well in advance for this program. DATE \_\_\_\_\_

**Application Fee is 200.00. Attach a check made out to GAIAN ENTERPRISES LLC with this Application please.**

**CONTACT INFORMATION THIS IS FOR PROGRAM YEAR \_\_\_\_\_**

Registrant Name \_\_\_\_\_ EMAIL : \_\_\_\_\_

Telephone number(s) \_\_\_\_\_ **mobile , indicate whether you text** \_\_\_\_\_

RESIDENTIAL Mailing Address, including: CITY AND STATE, and full zip code.

\_\_\_\_\_ - \_\_\_\_\_ ZIP \_\_\_\_\_

E MAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

**How will you pay your tuition and fees?**

\_\_\_\_\_

**I have completed the following: A Formal School Visit \_\_\_\_\_ (date of) \_\_\_\_\_**

\_\_\_\_\_ (initial) **This application is for massage therapy program THE LATEST TUITION RATE IS ON THE WEBSITE! We will add it to any Enrollment Contract for legal and agreement clarity.**

***DISCLOSURE: As an applicant I am informed that the school charges the public clients for student clinic services during the time that students are in their required clinical program training, and that this information is also disclosed to the customers and clients of the student clinic. I understand that, by Michigan law, students may not receive compensation for any services, nor are tips accepted.***

Sign \_\_\_\_\_

**ACADEMIC TRAINING BACKGROUND and WORK EXPERIENCE**

**WE DO NOT REQUIRE ANY EDUCATIONAL PRE-REQUISITE**

***However, if you have completed any of the following, please check complete relevant areas. Please do be aware that the “State of Michigan” does require, for a Massage Therapy License, a GED or high school diploma, which a graduate may pursue independently of participation in our programs. We do not require any transcripts or former diploma copies.***

**\_\_\_\_\_** High School Graduate: Year \_\_\_\_\_

School \_\_\_\_\_ GED \_\_\_\_\_


**\_\_\_\_\_** One or more year(s) College /University Education: Time Frame and College Name, list below

\_\_\_\_\_ Dates Attended \_\_\_\_\_ to \_\_\_\_\_

**\_\_\_\_\_** Completion (with certificate copy attached) of **alternative education program**, minimum training of 200 hours, in the following fields: massage therapy, yoga teacher, herbal studies, energy medicine, other (**Please list type of training, where conducted, and two references in connection with your training program** and submit all details on another sheet of paper).

PAGE THREE - We will need to check references and may ask for additional references.

SECTION: REFERENCES AND WORK EXPERIENCE

 3 or more years *work experience*- list the job/position, the supervisor name, and full contact information

- 1.
- 2.
- 3.

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REFERENCES

SUPPLY **two NON –FAMILY REFERENCES, COMPLETE WITH CONTACT INFORMATION** along with their relationship to you. These references must be current and available.

- 1.
- 2.

ESSAYS SECTION

- 1) At the current time, how do you imagine working further with massage therapy, natural medicine and natural healing? Write a brief paragraph insight.
  
- 2) What aspects of your personal history and background brought you to this place in your life, that of preparing to study natural medicine/natural healing?

3) How are you prepared financially to enter the program?

4) What aspects of your physical, mental, emotional and spiritual health or health challenges are you currently working with?

5) How will you fit this program into your life, in terms of study, assignments, exams, and class attendance? **Do you accept that this program has an absences policy in accordance with the State of Michigan massage program rules- and are you prepared to follow it?**

6) Having explored the School through literature, conversations, and a School visit, do you understand our **educational format** as one of Modules of Training, integrated with projects and assignments, outside field work, with an experiential hands-on focus for individual development?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

**\_\_\_\_\_** I affirm all statements and answers are true and confirmed. Sign: \_\_\_\_\_

DATE OF SIGNATURE: \_\_\_\_\_

MAIL OR BRING TO THE SCHOOL ALL MATERIALS LISTED BELOW

***This APPLICATION, The FEE, a photo of yourself- headshot selfie is fine- print it out and attach. Sign and date all relevant spaces, some of which are indicated with yellow highlight. Please bring this application packet in to the School in person, ANN ARBOR SCHOOL OF MASSAGE, HERBAL & NATURAL MEDICINE, 3684 W. Liberty Box 2 , ANN ARBOR MICHIGAN 48103 - We cannot accept digital applications. Phone 734-769-7794 Website : [www.naturopathicschoolofannarbor.net](http://www.naturopathicschoolofannarbor.net)***