

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

It is necessary to apply well in advance for this program. **Application Fee is \$100.00. Attach**

**REMINDER - Early Bird Discount for Massage Therapy and Naturopath enrollment is July 1, with a \$500.00 discount if Enrollment Contracts and initial payments are in by that time.**

**CONTACT INFORMATION**

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

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) \_\_\_\_\_**

**INDICATE WHICH PROGRAM YOU ARE APPLYING FOR**

**This application is for Naturopath Program. (13,800 plus 1,700.00 lab fees) \_\_\_\_\_**

**This application: MASSAGE THERAPY PROGRAM (5,700.00 + 800 lab fees) \_\_\_\_\_**

**This application is for BOTH PROGRAMS as a Dual Diploma (\$400 discount) \_\_\_\_\_**

***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 law, I will not be paid to perform student services. I understand that the School works on a NO TIPS basis and that I do not accept tips.***

*Sign* \_\_\_\_\_

ACADEMIC TRAINING BACKGROUND and WORK EXPERIENCE

***WE DO NOT REQUIRE ANY EDUCATIONAL PRE-REQUISITES.*** 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.

           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).

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 **THREE NON –FAMILY REFERENCES**, COMPLETE WITH CONTACT INFORMATION AND THEIR RELATIONSHIP TO YOU: (complete on next page if needed)

1.

2.

3.

**This application is valid for 14 days from the date entered, *unless being submitted within listed deadlines*, in which case the deadlines stand. After that time, it will be considered withdrawn, without refund. All enrollment processes including tuition payment must be completed well in advance of class starts. Submit this application with a \$100.00 Application Fee.**

## ESSAYS SECTION

USE **additional paper as necessary.**

1) At the current time, how do you imagine working further with 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?

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?

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

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

Enclose:

*APPLICATION, FEE (a registered bank check made out to Gaian Enterprises LLC), 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, or post mail to ANN ARBOR SCHOOL OF MASSAGE, HERBAL & NATURAL MEDICINE, 6276 JACKSON ROAD, SUITE B, **BOX 2**, ANN ARBOR MICHIGAN 48103 - We cannot accept digital applications.*