



CENTER FOR NATURAL WELLNESS
 SCHOOL OF MASSAGE THERAPY
 3 CERONE COMMERCIAL DR.
 ALBANY, NY 12205

YEAR ATTENDING:	_____
FALL:	FULL TIME _____
	PART TIME MORNING _____
	PART-TIME EVENING _____
SPRING:	FULL TIME _____
	PART-TIME MORNING _____
	PART-TIME EVENING _____

APPLICATION FOR ADMISSIONS

Please complete this application and mail to us along with a recent photograph and a \$50 non-refundable application fee (payable to the CNW School of Massage Therapy). Please read instructions carefully and complete all questions. This application cannot be processed if questions are left unanswered. Upon receipt of this application, we will contact you to arrange an interview. Class size is limited and enrollment closes when classes are full. Serious applicants are encouraged to complete their application as soon as possible.

PLEASE PRINT OR TYPE

GENERAL INFORMATION

First Name: _____ Middle Initial: ___ Last Name _____

Street Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work 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 us?

EMERGENCY CONTACT: – Identify two (2) people to be contacted in case of an emergency:

1. Name _____ Relationship _____

Home Phone () – Work Phone () –

2. Name _____ Relationship _____

Home Phone () – Work Phone () –

EDUCATION – New York State requires a High School Diploma or legal equivalent (GED) as a prerequisite for enrolling in a licensure–qualifying massage therapy program. As proof of this prerequisite, please also submit your high school transcript or a copy of your GED certificate.

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

PERSONAL STATEMENT – Please write an essay discussing your professional goals, and the role of CNW School of Massage Therapy in achieving these goals, by answering the following questions (devote a paragraph or so for each question):

- How did you become interested in the field of massage therapy? What are your career goals involving massage therapy and how do you plan to achieve them?
- Describe how you have been best served by your learning experiences, both formal and informal? 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 support you and 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?
- Describe your experience with meditation and/or mindfulness practices.
- How do you resolve conflict in your life?
- How do you plan to meet your tuition requirements and take care of yourself financially while you attend school? Please be specific.

PROOFS OF HAVING RECEIVED TWO MASSAGE TREATMENTS – Please submit documentation of having received two (2) massage treatments from licensed massage therapists within the last year. A copy of a signed receipt from a massage therapist or a short written note from a massage therapist is considered acceptable documentation.

THREE LETTERS OF REFERENCE – Please submit three (3) letters of reference regarding your moral character and ability to pursue a career in Massage Therapy. Please use the recommendation forms below.

APPLICATION CHECK LIST

- COMPLETED APPLICATION FORM
- RECENT PHOTO
- HIGH SCHOOL TRANSCRIPT OR GED CERTIFICATE
- PERSONAL STATEMENT
- THREE LETTERS OF REFERENCE
- PROOF OF HAVING TWO MASSAGES
- \$50 APPLICATION FEE

WE WORK WITH FEDERAL FINANCIAL AID!

FOR A FREE APPLICATION FOR FEDERAL STUDENT AID VISIT [HTTP://WWW.FAFSA.ED.GOV/](http://www.fafsa.ed.gov/). IF YOU HAVE ANY QUESTIONS ABOUT THE FINANCIAL AID PROCESS, PLEASE CALL OUR FINANCIAL AID ADVISOR AT (518) 489-4026 OR EMAIL FINANCIALAID@CNWSMT.COM.

THE CNW SCHOOL OF MASSAGE THERAPY OFFERS EQUAL OPPORTUNITY, AND DOES NOT DISCRIMINATE ON THE BASIS OF AGE, COLOR, RELIGION, CREED, DISABILITY, MARITAL STATUS, RACE, SEX, OR SEXUAL ORIENTATION.

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Letters of Reference - Please submit three (3) letters of reference regarding your moral character and ability to pursue a career in massage therapy. Please use the Recommendation Forms on the following pages. References must be from persons who are not related to you and have known you for at least one year. Please include one personal recommendation and the remaining two from the following: employers, teachers, health care professionals or clergy. List the people from whom you are obtaining the recommendations below:

1. Name _____ Known how long? _____
Phone (____) _____ - _____ Occupation: _____
Address: _____
Street, City, State, Zip

2. Name _____ Known how long? _____
Phone (____) _____ - _____ Occupation: _____
Address: _____
Street, City, State, Zip

3. Name _____ Known how long? _____
Phone (____) _____ - _____ Occupation: _____
Address: _____
Street, City, State, Zip

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RECOMMENDATION FORM

Applicant: Please complete the information requested below. Please give these forms to the people you have listed on your Application. The person writing the recommendation must return recommendation forms 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 face students 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:

CNW School of Massage Therapy • Admissions Office • 3 Cerone Commercial Drive • Albany, New York 12205

***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	Good	Average	Below Average	Unable to 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: _____