

NEW YORK INSTITUTE OF MASSAGE, INC.

Application for Admission

You are encouraged to submit your application as soon as possible. Classes are limited and enrollment is closed when the class is full.

**Return this application and all final official high school, college, and vocational transcripts to:
Admissions Office / NY Institute of Massage / PO Box 645 / Buffalo, NY 14231**

Enclose a \$25 check or money order payable to: New York Institute of Massage, Inc.

All information is confidential and is used only to determine the degree to which you may benefit from training.

(Please print)

Legal Name Last First MI		Social Security Number	
Permanent Home Address - Number Street		Apt.	
City County		State Zip	
Phone ()		Who referred you?	
US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship, if not US:	
If not a citizen, are you a permanent resident of the US?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If your academic records might appear under a different name, please indicate Last First MI		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Age: Date of Birth Height/Weight	
Have you previously attended the NY Institute of Massage? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?		For which term do you plan to enroll? <input type="checkbox"/> January _____ <input type="checkbox"/> April _____ <input type="checkbox"/> July _____ <input type="checkbox"/> October _____	
Are you interested in <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening classes?		Have you been in for a tour and interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you enter as (please check all that apply) Full time Part time Transfer Oriental Massage (Shiatsu) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		How do you plan on paying your tuition? <input type="checkbox"/> Personal Loan/ Funds <input type="checkbox"/> Credit Card <input type="checkbox"/> Installments* <input type="checkbox"/> NYIM Financing* <input type="checkbox"/> VESID <input type="checkbox"/> TRA <input type="checkbox"/> DWF <input type="checkbox"/> Other Will you apply for Financial Aid? Yes / No	
EMPLOYMENT HISTORY <i>Please attach resume or additional sheet, if necessary.</i>			
Current Employer Name		Salary:	
Address		Years Worked:	
Phone Number		Position:	
Does your company offer a tuition assistance program? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employment dates with current company:	
PLEASE LIST TWO (2) REFERENCES EITHER PERSONAL OR PROFESSIONAL, NO RELATIVES PLEASE (Each reference must submit a letter of reference directly to the Institute.)			
Name: _____ First MI Last		Name: _____ First MI Las	
Address: _____		Address: _____	
Occupation: _____		Occupation: _____	
Years Known: _____ Phone: _____		Years Known: _____ Phone: _____	

* To qualify for Installments or NYIM Financing, the financial assistance paperwork must be on file with your admissions application.
Please call the school for a financing application.

Name of high school from which you did/will graduate: _____ Date of Graduation: _____

Complete Address: _____

Area: _____ Diploma: Local Regents

School Phone () - _____

YOU MUST SUBMIT A COPY OF YOUR HIGH SCHOOL TRANSCRIPT OR G.E.D. TO THE NEW YORK INSTITUTE OF MASSAGE. PLEASE HAVE OFFICIAL TRANSCRIPTS MAILED DIRECTLY TO OUR OFFICE FROM YOUR HIGH SCHOOL.

COLLEGE EXPERIENCE / MASSAGE SCHOOL EXPERIENCE

If you have attended a college, university, or massage school, list names and dates attended. (List schools whether you earned credit or not.)

Name of College / Massage School 2yr/4yr Public/Private City & State From M/Y To M/Y Credit Hours Graduate: Y/N Degree(s)

NOTE: Applying as a transfer student or for transfer credit, official transcripts and catalogs of previous college or vocational work must be on file in the Admissions Office before admissions acceptance. Applying? YES NO Signature/Date: _____

Are you a veteran? YES NO IF YES, Date of Enlistment _____ Date of Discharge _____ Branch of Service _____

Please write one (1) paragraph telling us why you are interested in the NY Institute of Massage:

Are you currently taking any medication? Yes No If yes, what type? _____

Are you under a physician's care? Yes No If yes, what for? _____

Is there anything you would like us to know about your physical or mental condition? _____

Do you have any disabilities that you would like to voluntarily disclose? If so, what reasonable accommodations would you need to ensure a high quality education? _____

Please Note: New York Institute of Massage requires a medical release form stating that you are eligible for giving and receiving massage.

PLEASE READ CAREFULLY AND SIGN

Have you ever been convicted of a crime (felony or misdemeanor) or pleaded guilty to a crime in any state or country? Yes No
If yes, a copy of the police report must be submitted to the Admissions office, and please explain details below.

In order to comply with Federal Reports regarding Veterans Benefits we need to know the following Ethnic Background: Black, non-Hispanic
 Hispanic Asian or Pacific Islander American Indian or Alaskan Native White, non-Hispanic Nonresident Alien Race/Ethnicity

I certify that the information on this form is both complete and accurate. I understand that falsifying any part of this application may result in my being refused admission or being required to withdraw from the Institute.

Person To Notify In Case Of Emergency Telephone

Nearest Living Adult Relative NOT Living At Your Address Relationship Telephone

Address: Street City State Zip

Applicant's Signature Date

Please return to: Admissions Office / New York Institute of Massage / PO Box 645 / Buffalo, NY 14231

The New York Institute of Massage Inc. does not discriminate on the basis of race, color, gender, religion, creed, age, handicap, or sexual orientation.