

**BLANCHARD VALLEY ACADEMY OF MASSAGE THERAPY**  
**1710 CRYSTAL AVENUE**  
**FINDLAY, OHIO 45840**

**\* Application Form**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_ MARRIED \_\_\_\_\_  
SINGLE \_\_\_\_\_

PLACE OF BIRTH: CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_

PRESENT EMPLOYER \_\_\_\_\_ ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

EDUCATION: HIGH SCHOOL ( ) YEARS COLLEGE ( ) YEARS  
NAME AND ADDRESS OF HIGH SCHOOL \_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

GIVE FOUR REFERENCES OTHER THAN RELATIVES;

	NAME	ADDRESS	CITY	STATE	ZIP
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Do you now or have you had in the past 2 years a contagious disease? \_\_\_\_\_

If yes, give details \_\_\_\_\_

Have you ever been convicted of a crime? If yes, give details \_\_\_\_\_

Pay my tuition by:

Paying (\$ 1000 ) down at the time of enrollment and the balance in monthly or quarterly installments of (\$ \_\_\_\_\_ )

Prefer: Weekday class \_\_\_\_\_ Saturday class \_\_\_\_\_ Evening Class \_\_\_\_\_  
One Day / Week One Day / Week Two Evenings / Week

Designate term applied for: Dec \_\_\_\_\_ April \_\_\_\_\_ Sept \_\_\_\_\_ Oct \_\_\_\_\_

I have read, understand and answered the above information and verify with my signature that the above information is true and correct.

\_\_\_\_\_ Date \_\_\_\_\_

\* Please submit \$50.00 Application Fee with this form.