

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

APPLICATION FORM

NAME _____ PHONE _____

ADDRESS _____ CITY, STATE, ZIP _____

DOB _____ AGE _____ SEX _____ MARRIED _____ SINGLE _____ E-MAIL _____

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 (\$ 125) down at the time of enrollment and the balance in monthly or quarterly installments, or according to other payment terms.

Designate term applied for (X): _____ January: Mon. & Wed Evenings, 5:30 p.m. to 9:30 p.m.
(Each term runs for 12 months)

_____ May: Tues. & Thurs. Evenings, 5:30 p.m. to 9:30 p.m.

_____ September: Tues. & Thurs. Days, 9:00 a.m. to 1:00 p.m.

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

_____ Date _____