

THE SOMA INSTITUTE

THE NATIONAL SCHOOL OF CLINICAL MASSAGE THERAPY

APPLICATION FORM

CLINICAL MASSAGE THERAPY DIPLOMA PROGRAM

I APPLICATION INFORMATION			
APPLICATION TERM Check one box only. <input type="checkbox"/> fall _____ <input type="checkbox"/> winter _____ <input type="checkbox"/> spring _____ <input type="checkbox"/> summer _____			
II STUDENT INFORMATION			
FULL LEGAL NAME:			
LAST (FAMILY)	FIRST	MIDDLE INITIAL	SUFFIX

NAME ON PREVIOUS ACADEMIC RECORDS IF DIFFERENT FROM ABOVE:			
LAST (FAMILY)	FIRST	MIDDLE INITIAL	SUFFIX

E-MAIL ADDRESS: You must provide an e-mail address that you check regularly and plan to keep after you enroll in school.			

PERMANENT MAILING ADDRESS – NUMBER, STREET, APT. NO. (Home Country Address for International Applicants)			

CITY	STATE	ZIP CODE	
U.S. TELEPHONE (Area Code/Number)		CELLULAR TELEPHONE (Area Code/Number)	
_____		_____	
CURRENT MAILING ADDRESS – NUMBER, STREET, APT. NO. (if different from permanent address)			

CITY	STATE	ZIP CODE	
U.S. TELEPHONE (Area Code/Number)		CELLULAR TELEPHONE (Area Code/Number)	
_____		_____	
PLACE OF BIRTH			
CITY	STATE	COUNTRY (if not the United States)	

U.S. MILITARY SERVICE (if applicable) Check all boxes that apply to your current status			
<input type="checkbox"/> ON ACTIVE MILITARY DUTY	<input type="checkbox"/> VETERAN OF U.S. ARMED FORCES	<input type="checkbox"/> RESERVES OR NATIONAL GUARD	
DATE OF BIRTH		ARE YOU A U.S. CITIZEN?	
MONTH	DAY	YEAR	<input type="checkbox"/> YES (turn page) <input type="checkbox"/> NO (Go to section below.)

INDICATE YOUR IMMIGRATION STATUS AS OF THE DATE YOU SUBMIT THIS APPLICATION.			
<input type="checkbox"/> U.S. PERMANENT RESIDENT (Check only if you have obtained permanent resident status in the United States. Submit a copy of your permanent resident card with this application.)	<input type="checkbox"/> REFUGEE	<input type="checkbox"/> NON-IMMIGRANT (Complete item below.)	
NON-IMMIGRANT VISA: If applicable, fill in both (1) and (2) below; otherwise respond only to (2)			
If currently in the United States, type of Visa you hold (1)	VISA CODE	For your studies at Soma, type of Visa for which you have applied or plan to apply (2)	VISA CODE

III EDUCATION HISTORY

BEGIN WITH THE HIGH SCHOOL YOU GRADUATED FROM and continue in chronological order, ending with the institution where you are currently enrolled or, if you are not in school, where last enrolled. List all colleges/universities/vocational schools you have attended, including any institutions outside the United States. Be sure to list all institutions you attended – regardless of the length of attendance, whether courses were completed or whether you believe the record will affect your chances for admission to The Soma Institute.

NAME OF SCHOOL, COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL	CITY	STATE (or country)	BEGIN MO. YR.	END MO. YR.	DIP./DEGREE/CERTIFICATE

IV AWARDS AND EXTRACURRICULAR ACTIVITIES

AWARD OR HONOR/ACTIVITY	DESCRIPTION OF AWARD OR HONOR/EXTRACURRICULAR ACTIVITY

V EMPLOYMENT

	BEGIN MO/YR	END MO/YR	HOURS PER WEEK
EMPLOYER			
POSITION			
EMPLOYER			
POSITION			

VI TUITION PAYMENT

How do you intend to pay for the program?

- Soma Payment Plan
 Federal Student Aid
 Private Loan
 Tuition Discount
 Veterans' Benefits
 Other _____

VII LEGAL QUESTIONS

Yes No

- Will you require any special teaching/instructional assistance in completing The Soma Institute's diploma program in Clinical Massage Therapy?
 Are you currently in default on a federal student loan?
 Have you ever been convicted of a felony (any crime punishable with one year or more of incarceration)? *Please note:* you should answer this question "yes" if the crime or crimes of which you were convicted could have been punished with one or more years of incarceration even if your actual sentence or period of incarceration was for a period of less than one year.

VIII STATISTICAL INFORMATION

Information in this section will be used for purposes of statistical analysis only. It is not used in the admissions process and will have no bearing on your admission status. Providing this information is voluntary.

GENDER

- FEMALE
 MALE

ETHNIC IDENTITY Choose all that apply.

- American Indian-Alaskan Native
 Hispanic/Latino
 Two or more races
 Asian
 Native Hawaiian or other Pacific Islander
 Black or African-American
 Non-resident Alien
 White

IX SIGNATURE AND SOCIAL SECURITY NUMBER

YOUR SIGNATURE IS REQUIRED BELOW. Without your signature, your application is not complete and cannot be processed.

I certify that all the information provided in my application, all supporting documentation and subsequent communications are complete and accurate. I understand that The Soma Institute may verify information I have provided in my application, and may deny me admission or enrollment if any information is found to be incomplete or inaccurate.

U.S. SOCIAL SECURITY NUMBER -	SIGNATURE OF APPLICANT (in ink)	DATE OF APPLICATION
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