

Student Enrollment/Financial Aid Application

Name (first, middle, last)		
Current street address & apartment #)		City/State
Zip code		
Length of residence in community	Other areas of the country you've lived in & lengths of residence	
R	E	F
Numbers:(home) (cell)		Email Address:
Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> NO If not, indicate country of origin, visa or immigration status, and number		

Enrollment & Financial Aid Information

Type of enrollment	<input type="checkbox"/> Massage Therapy <input type="checkbox"/> HHP	Term preference	
<input type="checkbox"/> FT (day) <input type="checkbox"/> FT (eve.) <input type="checkbox"/> Continuing Education / Temp.		(morning/afternoon 8 mos.) <input type="checkbox"/> JAN <input type="checkbox"/> JUL	(evening 10 mos.) <input type="checkbox"/> APRIL <input type="checkbox"/> SEP
Reason(s) for wanting to attend massage school			
<input type="checkbox"/> GED Certificate <input type="checkbox"/> HS Graduate <input type="checkbox"/> State Approved Home School (HS diploma) <input type="checkbox"/> 2 yr College degree <input type="checkbox"/> 4 yr college degree or higher Date Received ___ / ___ / ___ Name of school: _____ City & State: _____			
Have you attended any colleges, universities, and/or vocational schools since last JULY? <input type="checkbox"/> Yes <input type="checkbox"/> No Attended from ___ / ___ / ___ to ___ / ___ / ___			
If yes, school name: _____		City & State	Zip
Did you either qualify or apply for PELL GRANTS at the above listed school?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how much in combined Pell Grants have been used in the past academic year? (\$___ , _____)			
Did you qualify or apply for Federal Direct or Stafford Loans at the above listed school?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, how much in combined FEDERAL LOANS have been used in the past academic year? (\$___ , _____)			
Have you ever defaulted on a Stafford, Direct, Perkins, and/or Plus Loan? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, was it or were they cleared up? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES to default being cleared up, when was it or were they cleared up? ___ / ___ / ___			
Are you currently liable for OVERpayment of any Federal Grants			
<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, have you already made payment arrangements with the US Dept. of Education? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List special circumstances you'd like to make us aware of regarding your personal and/or financial situation for us to take into consideration for financial aid:			

References (family and/or personal references, which are not former employers)

Name	Address (required field)	Telephone numbers (required field)
1		
2		
3		

Special Needs

Please list any physical, mental, or medical challenges or special needs that we should be aware of (include medications being taken & conditions they're being taken for)

<p>I hereby affirm that all statements and answers on this application and attached support documents pertaining to this application are true and accurate. I also understand that falsification and/or omission of facts pertaining to this application and attached support documents is grounds for dismissal from school. I authorize background checks and/or random drug testing to be made by the school for the safety of other students, teachers, and administrative school staff.</p> <p>Electronic Signature of applicant _____ Today's date ___ / ___ / ___</p>
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Admission Determination Criteria [NOTICE TO ADMISSIONS REP]

(Please go through the following questions/criteria with all prospective students wishing to apply for enrollment. Check the corresponding box appropriately to each question/criterion, then sign & date and have them sign & date this document.)

Applicant is 18 yrs of age, or will be 18 yrs of age as of the estimated date of graduation. [student initials _____]
(est. date of graduation is ____ / ____ / ____)

Applicant has a minimum of an HS diploma or GED certificate. (copy attached _____) [student initials _____]

• If English is not the applicant’s primary language, are they highly proficient (hear, speak, and write in English for exams)? Yes No

• “Do you currently have an ALCOHOL and/or DRUG ADDICTION / usage problem that has not been properly and thoroughly resolved through a supervised 12-step rehabilitation program?”

Yes No If yes, please explain _____

• “Are you now or have you at any time been under investigation, or is any disciplinary action pending or has any judgement been handed down against you by ANY PROFESSIONAL LICENSING AGENCY?”

(i.e., licensure denial, revoked, suspended, probation, conditioned, curtailed, limited, restricted, etc.?)

Yes No If yes, please explain _____

• “Is there any action pending against you now, or have you ever been charged or pled guilty to, no contest to, or have you ever been convicted of any misdemeanor or felony by any federal or state agency that could possibly affect a LICENSE TO TOUCH OTHERS (any form of sexually-oriented behavior, sexual or physical abuse or violence or endangerment, etc)”?

Yes No If yes, please explain _____

[ADMISSIONS REP: If any of the above yes/no questions were answered ‘YES’, OR if there were any applicant inquiries surrounding any of the above yes/no questions, please have them review and answer all the questions on the Utah State Massage License application.]...[student initials _____]

• “While Healing Mountain Massage School affirms it’s policy of freely acknowledging students who want to change their lives for the better by coming to school to learn therapeutic massage, we also affirm our position that students who practice any form of massage, bodywork, body rub, or touch-related technique or modality for money outside the safety of our school clinic without first having a license to do so, or break any law are putting themselves at risk of dismissal from school.”

I have read and understand Healing Mountain’s policy as stated above. [student initials _____]

• “As a student of Healing Mountain Massage School, students agree to abide the laws and administrative rules contained within the Utah Massage Therapy Practice Act (Title 58-47b), the Utah Massage Therapy Practice Act Rules (R156-47b), and Utah Massage Therapy Code of Ethics and Professional Standards; including but not limited to those regarding unlawful conduct as defined in (58-47b-501). Any violation would result in dismissal from school.” I have read and understand Healing Mountain’s policy as stated above. [student initials _____]

ATTESTED TO THIS _____ DAY OF _____, IN THE YEAR _____

BY (STUDENT SIGNATURE) _____

BY (PARENT OR LEGAL GUARDIAN SIGNATURE) _____

WITNESSED BY (SCHOOL REPRESENTATIVE) _____

DATE: ____ / ____ / ____ .