



Application Form

Molly Jurgensen • (307) 251-5149
140 East K Street, Suite #209, Casper WY 82601

Applicant Information:

Last Name: _____

First Name: _____ Middle Initial: _____

Telephone: _____

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Birth Date (mm/dd/yy): _____

Occupation: _____

Highest level of education completed:

GED _____ High School _____ Some College _____ Undergraduate _____ Grad School _____ Other _____

Essay Questions:

01) How did you become interested in the field of massage therapy? _____

02) Have you received massage or bodywork? If yes, what did you take away from your experience? _____

03) What are your professional goals regarding massage therapy? _____

04) What qualities do you possess that will shine through in your career as a massage therapist? _____

05) Using the scale below, please indicate your opinion for each statement:

1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree

- I enjoy working with the public _____
- I am easily flustered _____
- I start and complete projects _____
- I am self motivated _____
- I am shy and reserved _____
- I enjoy reading, studying and learning new things _____
- I am squeamish _____
- I am able to speak up when I feel something is wrong _____
- I am punctual and usually arrive early _____
- I enjoy taking care of the people in my life _____

06) Is there any specific educational support you may need while attending school?

Yes _____ No _____

07) Do you have any other health issues that may adversely impact your ability to complete the program? This includes surgeries, contagious diseases or conditions, pregnancy, serious allergies or recent injuries.

Yes _____ No _____

08) Do you have any physical or psychological condition(s) for which you are receiving ongoing treatment, or considered chronic?

Yes _____ No _____

09) Have you ever been convicted of a crime?

Yes _____ No _____ If yes, please list conviction and date: _____

In order to protect the integrity of the massage therapy profession, Mosaic Massage College performs background checks on persons attending school. Not disclosing a criminal record may result in denial of acceptance and could prevent a person from receiving a license.

Please tell us...

How did you find out about our school? _____

If mailing in your application:

Please include a non-refundable \$50 check or money order, payable to Mosaic Massage College - mail check and application to: Mosaic Massage College, 140 East K Street, Suite #209, Casper, WY 82601

Admission is based upon student character, ability to satisfy financial commitments, and ability to complete the coursework as determined by submission of a completed application form and attendance of a scheduled interview. Prospective students will be notified by email to set up a time for an interview with the Director within 5 days of receiving application.

Student Signature: _____ **Date:** _____

I have completed this application to the best of my knowledge and I state that the information given here is true and correct.
Type in name if completing form digitally.