

Boulder Massage Therapy Institute

Enrollment Application

Name _____ Date of Birth _____
Address _____ City _____
State _____ Zip _____ Phone(s) _____
Email _____ Current Occupation _____

Emergency Contact:

Name _____ Relationship _____
Address _____ City _____
State _____ Zip _____ Phone(s) _____

How did you hear about The Boulder Massage Therapy Institute?

Personal recommendation ____ Name of person _____
Internet ____ Advertising ____ Newspaper ____ Magazine ____ Flyer ____ Brochure ____
Where did you see it? _____
Other _____

The following items are needed to complete your application:

1. High school, GED certificate or college transcripts. These should be sent directly to the school:
3825 Iris Ave. Suite 310
Boulder, Co 80301
2. References:
Two letters of recommendation are needed from credible sources such as an employer, clergy, health care professional, etc. Please do not submit references from personal friends or family members. These should be snail mailed directly to the school from the referral source, to the address in #1, or emailed directly from the referral's email to info@BoulderMassageInstitute.com.
3. Personal Statement including the following **(at least 150 words)**:
 - a. Why you are inspired to become a massage therapist.
 - b. Name at least three characteristics you possess that will make a successful student and practitioner of massage therapy.
 - c. A summary of professional massage, bodywork or alternative medical therapies you have experienced. When you received it, and your impressions of those experiences.
 - d. Any training in massage, bodywork or alternative therapies you have.
 - e. Why you feel that BMTI is the right program for you?
 - f. Please write about your experience in working with or helping others. g. What type of support will you have during the program? Please include personal, financial and emotional support systems.

Boulder Massage Therapy Institute

Please answer the following questions:

1. Which program are you applying for? Full-time ____ Part-time ____ Advanced ____

2. Do you have any physical, emotional, mental or psychological conditions, which may require special attention or affect your ability to give or receive massage?

Yes ___ No ___ If yes, please describe _____

4. Are you pregnant or have any intention of becoming pregnant prior to the end of the training? Yes ____ No ____

5. Do you have any communicable diseases? Yes ____ No ____ If yes, please describe _____

6. Have you ever been convicted of a crime (not including misdemeanors or traffic violations) Yes ____ No ____ If yes, please describe _____

7. Please list your three favorite musical bands:

1.

2.

3.

8. Please list days and times that are good for you to have an interview:

All prospective students are encouraged to visit the school; however, those who do not live locally may opt to conduct their interview via Skype or Facetime.

Questions? We are here to help: 303-618-5518 or info@BoulderMassageInstitute.com

Ways to submit your application:

1) Mail your completed application, including \$50 application fee to:

(Advanced Program fee \$25)

BMTI

3825 Iris Ave. Suite 310

Boulder, Co 80301

2) Email to info@BoulderMassageInstitute.com. Please call to provide a credit card #, or use Pay Pal button on our website Application Page:

I have completed this application sincerely and I state that to the best of my knowledge, the information I have given is true and correct.

Signature _____ Date _____