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## Application for Admission

**\*A \$50.00 Application Fee Must Accompany this Application\***

Name: \_\_\_\_\_

Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone

home: (\_\_\_\_) \_\_\_\_\_ cell: (\_\_\_\_) \_\_\_\_\_ work: (\_\_\_\_) \_\_\_\_\_

email address: \_\_\_\_\_

SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Formal Education

	Name	Level Completed <small>(circle one)</small>	Graduation Date	Area of Study
High School		1 2 3 4		
College		1 2 3 4		
Vocational		1 2 3 4		
Graduate		1 2 3 4		
Other		1 2 3 4		

**Please list previous experience in massage, esthetics, or other related professions:**

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### Emergency Contact

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Relation: \_\_\_\_\_

### References

Please provide at least 2 references

	Name	Address	Phone	Years Known
1				
2				

Admission Application Continued

### Employment History

Please begin with most recent employment

Employer One

Company Name :	City/State:
Position Held:	Start Date: End Date:
Supervisor:	Contact Phone:

**Employer Two**

Company Name :	City/State:
Position Held:	Start Date: End Date:
Supervisor:	Contact Phone:

**Employer Three**

Company Name :	City/State:
Position Held:	Start Date: End Date:
Supervisor:	Contact Phone:

Have you been treated for any medical condition other than colds or minor injuries in the last five years?

Please circle one: YES NO If

yes, please explain: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a traffic offense?

Please circle one: YES NO If

yes, please explain: \_\_\_\_\_

**Program of Study**

Program for which you are applying: \_\_\_\_\_

Planned start date: \_\_\_\_\_ month \_\_\_\_\_ year Class time preferred: Day Evening  
Please circle one

**Payment Preference**

Please check an option

Full Payment to be paid on : \_\_\_\_\_ month \_\_\_\_\_ day \_\_\_\_\_ year  Payment Plan: \_\_\_\_\_ Number of months

**Application Agreement**

By signing this form, I also state that to the best of my knowledge I am free of communicable diseases, in good health, and physically able to practice in this field. I also affirm that I have read the school's catalogue. I understand and will comply with the policies stated therein.

Please state any problem contrary to the above paragraph: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Before printing, please consider the environment. Print application back & front. Thank you!

Interview Date _____	Interviewed With _____	In Person/Over Phone
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office use only		
Paid App Fee	contacted	
notes		