301 Keawe Street, Hilo, HI 96729
Phone: (808) 785-9296
Email: 808hma@gmail.com

STUDENT APPLICATION FOR ADMISSIONS

Thank you for your interest in Ho'ola Massage Academy. Please complete the following application and submit a copy of your Valid I.D. for admissions.

This application should be completed, signed, and returned in-person or in email along with a space-ensuring application deposit of $600 before the start of the program.

Personal Information

Full Name: _____
Date of Birth: _____
Gender: □ Male □ Female □ Other
Mailing Address: _____
City, State, ZIP: _____
Phone Number: (____) _____ - _____
Email Address: _____

Emergency Contact

Name: _____
Relationship: _____
Phone Number: (____) _____ - _____

Educational Background

High School Attended: _____
Graduation Year: _____
Highest Level of Education Completed:
□ High School □ Some College □ Associate's □ Bachelor's □ Other: _____

Program Interest

How did you hear about this opportunity? _____

Are you applying for the Licensed Massage Therapy (MAT) Program? □ Yes □ No
If no, specify other program of interest:

_____

Have you had prior massage therapy training? □ Yes □ No
If yes, please describe: _____

What is your availability? Circle all that apply

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Medical History

Do you have any medical conditions that may affect your ability to perform massage therapy? □ Yes □ No
If yes, please explain: _____

Background Information

Have you ever been convicted of a felony? □ Yes □ No
If yes, please explain: _____

Personal Statement

Please briefly describe why you are interested in attending Ho'ola Massage Academy and your goals in the field of massage therapy. (Attach an additional sheet if necessary.)

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that falsifying information may result in denial of admission or dismissal from the program.

Applicant Signature: _____
Date: _____

FOR OFFICE USE ONLY
Application Received: _____
Interview Date:_____
Accepted: □ Yes □ No
Notes: _____

Please submit your completed application to Ho'ola Massage Academy at the address listed above or via email. Thank you for applying!