

APPLICATION FOR ADMISSION

NORTH EASTERN INSTITUTE OF WHOLE HEALTH
22 Bridge Street, Manchester, New Hampshire, 03101
http://www.neiwh.com
(603) 623-5018

Personal Information (do not leave any blanks)

Please Print or Type:

\$50 must accompany this Application

_____	_____	_____	_____	_____	_____	_____	_____
Last Name	_____	_____	_____	_____	_____	_____	Social Security Number
_____	_____	_____	_____	_____	_____	_____	_____
Street Address	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Mailing Address	_____	_____	_____	_____	_____	_____	_____
(_____)	_____	_____	_____	_____	_____	_____	_____
Phone	_____	_____	_____	_____	_____	_____	_____
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	_____	_____	_____	_____	_____
Age	Gender	Birth Date	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Birthplace	_____	_____	_____	_____	_____	_____	_____
Current Employment	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Position	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
Work Phone (_____)	_____	_____	_____	_____	_____	_____	_____

Have you been treated for any medical or physical conditions other than colds or minor injuries in the last five years?
 Yes No If yes, describe: _____

_____	_____	_____	_____	_____	_____	_____	_____
(Notify in Case of Emergency) Name	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
(Notify in Case of Emergency) Street	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
City	State	Zip	_____	_____	_____	_____	_____

List two personal character references.

1.	_____	_____	_____	_____	_____	_____	_____
Name	Occupation	Phone	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____	_____
Name	Occupation	Phone	_____	_____	_____	_____	_____

Previous experience and/or study in Massage or other Health Professions: (Attach separate sheet if necessary)

Why are you interested in Massage Therapy? _____

Have you ever been convicted of a felony or misdemeanor other than traffic offenses? Yes No

If yes, describe: _____

Academic Information

High School (name, city, & state) _____ GED/diploma (mandatory to apply) Yes No

College (name, city, & state) _____

Program Information

I wish to enroll in the: 750-Hour Program 500-Hour Program
for the: Spring Semester Fall Semester

Please circle the number of your first program choice:

Mon., Tues., Wed.: Morning (1) Evening (2)
Tues., Thurs., Fri.: Morning (3)

Morning classes are 8:30 A.M. – 1:00 P.M.;
Evening classes are 5:30 P.M. – 10:00 P.M.

If the Program I chose above is not available, my Second Choice will be: _____

I wish to attend: Full-Time Part-Time (2-days)

Financial Information

How is your tuition going to be paid? Self Parent Loan Other _____

If other than self please print: Name _____ Phone (____) _____

Address _____ City _____ State _____ Zip _____

An Application Fee—non-refundable—\$50.00 (please send no cash and no “starter” checks), must be submitted with your application! Pull out or Detach and mail completed and signed application to: N.E.I.W.H., 22 Bridge Street, Manchester, NH 03101.

North Eastern Institute of Whole Health does not discriminate against any applicant for race, color, religion, national origin, gender, sexual orientation, or age under provisions of State and Federal Laws.

Applicant Signature

Date

Institute Representative Signature

Date