

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	First Name
_____	_____
Mailing Address	City _____, State _____ Zip _____
(_____) _____	City _____, State _____ Zip _____
Phone _____	E-mail Address _____
_____ <input type="checkbox"/> Male <input type="checkbox"/> Female	Clothing size: S M L XL other _____
Age _____ Gender _____ Birth Date _____	(circle one)
_____	Marital Status Single <input type="checkbox"/> Married <input type="checkbox"/> _____
Birthplace _____	Number of Children _____
Current Employment _____	Citizen of USA? <input type="checkbox"/> Yes <input type="checkbox"/> No
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 phone

_____ _____, _____ _____
(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

I wish to attend for: 13-Months (three days per week) 28-Months (one course per week)

*(Leave blank if signing up for the 500-Program, which is less than 13-months.)

Please circle the number of your first program choice:

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

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

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