

ACUPRESSURE THERAPY INSTITUTE
One Billings Road
Quincy, Ma. 02171
617.697.1477

APPLICATION FOR ADMISSION

Type or print clearly in ink. Please return this form to Acupressure Therapy Institute, c/o Barbara Blanchard, Director, One Billings Rd, Quincy, MA 02171. If you have questions, call 617.697.1477.

Please enclose the following with this application form:

- (1) A copy of your high school transcript or GED or equivalent college transcript.
- (2) A \$50 non-refundable application fee (check or money order).

PERSONAL INFORMATION

Date of Birth	Social Security no.	Date of Application
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Last Name	First	Middle
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Permanent Home Address: Street

City	State	Zip
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Mailing Address (if different)

City	State	Zip
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Home Phone	Work Phone	e-mail
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Are you a US citizen? _____ Is English your native language? _____

EMERGENCY CONTACT

Name	Relationship
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Phone(H)	Phone (W)
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EDUCATIONAL BACKGROUND

Name of High School	Year of H.S. Graduation
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High School Address

Please list all additional education, attach a separate paper if more room is needed:

College	Major Concentration	Degree
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College	Major Concentration	Degree
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College	Major Concentration	Degree
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College	Major Concentration	Degree
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EMPLOYMENT HISTORY

Name of Employer _____

Job Description _____

Do you have any special skills, talents, or interests you would like to share with us?

STATEMENT OF INTENT

Please explain why you wish to study Acupressure Shiatsu and how you intend to use this therapy after completion of this program. Please attach a separate paper should you need more space.

PARTY RESPONSIBLE FOR FINANCES

I acknowledge responsibility for tuition and relevant finances.

Name	Relationship if other than applicant
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Signature	Date
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