

# APPLICATION FOR ADMISSION

2023-2024 Academic Year



ACUPRESSURE  
THERAPY  
INSTITUTE

## PERSONAL INFORMATION

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security no.

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Street (Permanent Home Address)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Street (Mailing Address, if different)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Alt Phone

\_\_\_\_\_  
E-mail

Are you a US citizen? \_\_\_\_\_

Is English your native language? \_\_\_\_\_

## EMERGENCY CONTACT

\_\_\_\_\_  
Name (Emergency Contact)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone (Cell)

\_\_\_\_\_  
Phone (Home)

\_\_\_\_\_  
Phone (Work)

## CRIMINAL HISTORY

Have you ever been convicted of a criminal offense? Yes \_\_\_ N \_\_\_ If yes, please explain: \_\_\_\_\_

Have you ever been incarcerated? Yes \_\_\_ N \_\_\_ If yes, please explain: \_\_\_\_\_

## EDUCATIONAL BACKGROUND

\_\_\_\_\_  
Name of High School

\_\_\_\_\_  
Year of H.S. Graduation

\_\_\_\_\_  
High School Address

If applicant's name was different when attending high school or college, please indicate that name:

\_\_\_\_\_  
Please list all additional post-secondary education, concentration, dates attended and graduated, and degree earned if applicable. Attach a separate paper if more room is needed, include courses and supporting documentation that you want considered for transfer credit.

\_\_\_\_\_  
School

\_\_\_\_\_  
Major Concentration

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Dates

\_\_\_\_\_  
School

\_\_\_\_\_  
Major Concentration

\_\_\_\_\_  
Degree

\_\_\_\_\_  
Dates

**EMPLOYMENT HISTORY**

Name of Employer \_\_\_\_\_ Start/End Date \_\_\_\_\_

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 Asian Bodywork Therapy (Acupressure Shiatsu) and how you intend to use this therapy after completion of this program. Attach a separate paper should you need more space.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the best of my knowledge all the information completed in this application is true and correct:

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**PARTY RESPONSIBLE FOR FINANCES**

*I acknowledge responsibility for tuition and relevant finances.*

Name \_\_\_\_\_ Relationship, if other than applicant \_\_\_\_\_

Contact information, if different \_\_\_\_\_

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

**Application Submission Guidelines**

Application:

Send to the address below with the following documents:

- (1) Student Application and Statement of Intent.
  - a. A typed resume is an acceptable method to list your education and work history.
  - b. A typed cover letter is an acceptable method to share your statement of intent.
- (2) Provide official transcripts of degrees earned.
- (3) A \$50 non-refundable application fee (check or money order).

Mail:  
**Acupressure Therapy Institute**  
317 North Main Street  
Natick, MA 01760  
Attn: Lauren Paap, Program Director

Questions:  
Lauren Paap, Program Director  
Hello@AcupressureTherapyInstitute.com  
(617) 942-1271

For Official Use Only:  
Received \_\_\_\_\_  
Interviewed \_\_\_\_\_  
License/ ID \_\_\_\_\_  
Assessed \_\_\_\_\_  
Determination \_\_\_\_\_