



Windward Therapeutic Massage Center  
 School of Massage Therapy  
 45-270 William Henry Rd. Suite 205  
 Kaneohe, Hawaii 96744  
 Tel: (808) 236-1529  
 Fax: (808) 236-0844

Website: [www.hawaiianhealers.com](http://www.hawaiianhealers.com)

APPLICANT INFORMATION			
Last Name	First	M.I.	SSN
Street Address			
City	State	ZIP	
Home Phone	Cell Phone	Work Phone	
Email Address			
GENDER FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>	Birth date	Birthplace	Ethnicity (optional)
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, do you have a student Visa?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a felony?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain:	
Emergency Contact	Relationship to contact	Phone	

EDUCATION			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	
Full Name	Relationship
Company	Phone (     )
Address	

<b>EMPLOYMENT</b>	
Company	Phone (    )
Address	Supervisor
Job Title	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>	

<b>MILITARY SERVICE</b>	
Branch	From            To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

<b>QUESTIONNAIRE</b>
Why do you want to be a Massage Therapist?
Explain all current and recent illnesses and injuries (physical, mental, emotional) and any medications you are presently taking:
How did you hear about us?

**Tuition:** \$7,200 (includes textbooks, handouts, lotions, Pisces Massage Table, Dolphin Port Chair, Portable Stool, Bolster, Notary Fee & Apprenticeship Fee (DCCA))  
150 hours of Anatomy, Kinesiology, Physiology, Theory and Practice of Massage Therapy & 420 hours of Massage Apprenticeship.

**Refunds:** 100% 1<sup>st</sup> week (less \$200 admin. fee), 75% 2<sup>nd</sup> week, 50% 3<sup>rd</sup> week. No refunds given there after.

Please send a \$100 deposit (deposit will go toward tuition fee) made out to **HEALING JOURNEY, LLC.** along with your application to:

Windward Therapeutic Massage Center  
School of Massage Therapy  
ATTN: Rochelle Featheran  
45-270 William Henry Rd. Suite 205  
Kaneohe, Hawaii 96744

**\*If you wish to pay by credit card, please contact Rochelle Featheran at (808) 236-1529.**

#### **APPLICANTS CERTIFICATION**

I certify that the responses provided on the **Application Form** are complete and true to the best of my knowledge and belief. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my admission and subject me to the requirements and/or disciplinary measures as provided under Windward Therapeutic Massage Centers Student Conduct Code. Windward Therapeutic Massage Center reserves the right to terminate any person for misconduct, insubordination, inappropriate behavior, poor attendance and non-compliance with installment payments. (A refund will not be given after 3rd week of class). **I have read and understand all rules, brochures, applications and fee schedule payment.**

Signature

Date