



American Spirit Institute

360 McLaws Circle
Williamsburg, Va 23185

Phone (757) 220-8000
Fax (757) 220-9122

Application for Admission

A \$50.00 Application Fee Must Accompany this Application

Name: _____

Last

First

Middle

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone

home: (____) _____ cell: (____) _____ work: (____) _____

email address: _____

SSN: ____-____-____

Date of Birth: ____/____/____

Formal Education

	Name	Level Completed (circle one)	Graduation Date	Area of Study
High School		1 2 3 4		
College		1 2 3 4		
Vocational		1 2 3 4		
Graduate		1 2 3 4		
Other		1 2 3 4		

Please list previous experience in massage, esthetics, or other related professions:

Emergency Contact

Name: _____ Address: _____

Phone 1: _____ Phone 2: _____ Relation: _____

References

Please provide at least 2 references

	Name	Address	Phone	Years Known
1				
2				

Employment History

Please begin with most recent employment

Employer One

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Employer Two

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Employer Three

Company Name:		City/State:	
Position Held:		Start Date:	End Date:
Supervisor:		Contact Phone:	

Have you been treated for any medical condition other than colds or minor injuries in the last five years?

Please circle one: YES NO

If yes, please explain: _____

Have you ever been convicted of a felony or misdemeanor other than a traffic offense?

Please circle one: YES NO

If yes, please explain: _____

Program of Study

Program for which you are applying: _____

Planned start date: _____ month _____ year Class time preferred: Day Evening
Please circle one

Payment Preference

Please check an option

Full Payment to be paid on : _____ month _____ day _____ year Payment Plan: _____
Number of months

Application Agreement

By signing this form, I also state that to the best of my knowledge I am free of communicable diseases, in good health, and physically able to practice in this field. I also affirm that I have read the school's catalogue. I understand and will comply with the policies stated therein.

Please state any problem contrary to the above paragraph: _____

Signature: _____ Date: _____

Please attach a recent photo of yourself to the application. Thank you.

office use only			2
paid	contacted		
notes			