



Healing Touch
Career College

Application for Admission

Nonrefundable Application Fee: \$25

Office Use Only

- | | |
|---|---|
| <input type="checkbox"/> Application | <input type="checkbox"/> Shot Record (MA) |
| <input type="checkbox"/> Essay / Graded | <input type="checkbox"/> App Fee |
| <input type="checkbox"/> Driver's License | <input type="checkbox"/> Completed |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Signed |

Name _____

Medical Assistant / Massage Therapy

DAY / NIGHT

HEALING TOUCH CAREER COLLEGE

- Hattiesburg Campus
 4200 Mamie Street, Suite 120
 Hattiesburg, MS 39402
 601-261-0111
- Jackson Campus
 5360 I55 North, Suite 150
 Jackson, MS 39211
 769-251-5181

Application for Admission

Date: _____

How did you hear about us? _____

How did you first contact us? (i.e. walk-in, phone, etc.) _____

Have you ever applied to Healing Touch Career College? _____ When? _____

Have you ever attended Healing Touch Career College? _____ When? _____

Program of Interest:

Applying For:

Massage Therapy

Day 8:30 A.M. – 12:30 P.M.

Medical Assistant

Evening 5:30 P.M.- 9:30 P.M.

Are you interested in Financial Aid? Yes No

If yes, have you completed your FASFA? Yes No **Date Completed:** _____

PERSONAL INFORMATION (PLEASE PRINT)

Full Name _____
Last/Family
First
Middle/Second
Maiden/Birth Name

Address _____
Street Name

_____ **City** **State** **Zip Code**

How long have you been at this address? _____

Home Phone Number _____ Cell Phone Number _____

Other Phone Number _____ Email Address _____

Social Security Number _____ Date of Birth _____ Gender (Please Circle): M / F

PERMANENT ADDRESS (ALL CORRESPONDENCE WILL BE SENT TO THIS ADDRESS)

Address _____
Street Name

_____ **City** **State** **Zip Code**

Race/Ethnicity (Optional)

- Black/African American
- White/Caucasian
- Asian
- Hispanic/Latino
- Native American
- Other _____

[School] _____ [City, State]

[From Mo/Yr] [To Mo/Yr] [Degree Earned]

[School] _____ [City, State]

[From Mo/Yr] [To Mo/Yr] [Degree Earned]

Do you plan on transferring courses/credit hours? Yes No
If yes, from which college/university/vocational schools? _____
Have you requested transcripts to be sent? Yes No

EMPLOYMENT HISTORY

Are you currently employed? Yes No If yes, what is your current occupation? _____

Dates	Name & Address of Employer	Position	Reason for Leaving
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_____	_____	_____	_____
_____	_____	_____	_____

HEALTH CONDITION

Personal Health Condition Excellent Good Satisfactory Poor

Have you had any diseases within the past two (2) years that would hinder your ability to work in your chosen field? Yes No

If a student has a disability that qualifies under the Americans with Disabilities Act (ADA) and requires accommodations, he/she should contact the campus director for information on appropriate policies and procedures. Disabilities covered by ADA may include learning, psychiatric, physical disabilities, or chronic health disorders.

NON-ACADEMIC INFORMATION

Failure to answer these questions will delay processing of your application.

If your answer to either of the following questions is yes, you must submit a full statement of relevant facts on a separate sheet attached to this application, and you may be required to furnish copies of all official documents explaining the final disposition of the proceedings.

- 1.) Are you currently or have ever been charged with or subject to disciplinary action or misconduct at any educational institution?
 Yes No
- 2.) Have you ever been charged with a violation of the law which resulted in, or if still pending, could result in probation, community service, or a jail sentence? Yes No

REFERENCES

Please list 3 references

Full Name _____
Last/Family First Middle/Second

Home Phone Number _____ Cell Phone Number _____

Full Name _____
Last/Family First Middle/Second

Home Phone Number _____ Cell Phone Number _____

Full Name _____
Last/Family First Middle/Second

Home Phone Number _____ Cell Phone Number _____

ADMISSIONS ESSAY QUESTIONS (See Essay Guidelines)

Describe the qualities you have that will reflect the Healing Touch Values during your time as a student.

Describe the qualities you have (with examples demonstrating those qualities) that will help you adapt to our program (think-teamwork, group environments, school activities/community, etc.)

Why are you choosing this profession and what makes you confident that you will be good at it for your future career?

What were the most important factors in your decision to apply to Healing Touch Career College?

ADDITIONAL REQUIREMENTS FOR ADMISSIONS

- *Completed Application*
- *\$25.00 Application Fee*
- *Copy of Valid Driver's License AND Birth Certificate or Social Security Card*
- *High School Diploma (regionally accredited or state-approved) or GED Certificate*
- *Shot Record (only applicable for Medical Assistant Students)*
- *Admission's Essay (1 page length)*
- *Financial Aid or Payment Plan Completed*
- *Transcript from any college previously attended (optional)*

I certify that the information given in this application is complete and accurate to the best of my knowledge. I understand that making false statements within this application may result in denial of admission. If admitted to Healing Touch Career College, I agree to abide by the policies and rules and regulations of Healing Touch Career College. Should any of the information I have given change prior to my entry to Healing Touch Career College, I shall immediately notify the Office of Admissions. I certify that I understand the information given in this application, and the admissions essay guidelines. I understand that I must receive a score of 3.5 or higher on my essay in order to be accepted into the program. I certify that this application is complete and accurate to the best of my knowledge.

Student Signature _____

Date _____

Office Use Only

Administrator Signature _____

Date _____