

APPLICATION FOR ADMISSION

RETURN APPLICATION TO:
Lourdes Institute of Wholistic Studies,
900 Haddon Ave Suite 114 Collingswood, NJ 08108
Phone Number: 856-869-3134 Fax: 856-869-3139

Last Name: _____ First Name _____ Middle Initial _____ Social Security # _____

Previous Legal Name (if applicable) _____

Address: _____ City _____

State: _____ Zip: _____ Phone: (Home:) _____ (Cell:) _____

Date of Birth: _____ E-mail: _____ Semester _____

Emergency Contact _____ Phone: _____

Options in Partnership with Camden County College:

Associates Degree in Applied Science in Massage Therapy Massage Therapy Certificate of Achievement

Lourdes Institute Certifications/Continuing Education

Wholistic Massage Practitioner Certificate Wholistic Yoga Teacher Training (200 Hours)

Wholistic Yoga Teacher Training (500 Hours) Reflexology Continuing Education

Continuing Education Class of Choice (if applicable): _____

1. What level of Education have you completed? (If post-secondary, indicate degree(s) earned & where) _____
2. Do you have prior experience in Massage, Bodywork and/or Yoga? Yes No (If yes, please explain) _____
3. Do you have any medical/ learning special needs ? Yes No (If yes, please explain) _____
4. Have you ever been convicted of a crime, other than a minor traffic violation? Yes No (If yes, please explain) _____
5. Have you ever attended Lourdes Institute of Wholistic Studies? (If yes, please state the year you attended) _____
6. How did you learn of Lourdes Institute of Wholistic Studies? _____

Essay and Application Fee

-Submit a one-page essay explaining your view of Wholistic Health within today's health care and/or your interest in the program.

-Attach the essay to your application.

-A \$25.00 application fee must be included with this Application for Admission.

(The essay and application fee are not required for continuing education students)

Mail to: Lourdes Institute, 900 Haddon Ave., Suite 114, Collingswood, NJ 08108 (Attention: Registrar)

I certify that the above answers are true, correct and complete to the best of my knowledge. Further I agree to abide by the rules, regulations and policies of Lourdes Institute and Camden County College as outlined in the catalog/manual.

Applicant's Signature _____ Date: _____

LIWS OFFICE USE ONLY		
Date Application Received _____	Initials _____	Interview _____