

# APPLICATION FOR ADMISSION

(Please Print)

**SKY HILL INSTITUTE**  
**School of Wholistic Healing Arts**  
[www.skyhillinstitute.org](http://www.skyhillinstitute.org)  
[info@skyhillinstitute.org](mailto:info@skyhillinstitute.org)

127 4<sup>th</sup> Street  
Petaluma, CA 94952  
707.778.9445, 877.6.SkyHill  
FAX 707.778.9440

Interviews are required; please call the office to schedule. A \$100, non-refundable, application-processing fee will be charged to all applicants. Upon acceptance to the program, students will be notified by letter of their acceptance and the \$100 application-processing fee will be applied towards School costs.

**Complete and return this application and payment to the address above.**

## Personal Information

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Social Security Number \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F

Are you a citizen of the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Health Information

Do you have any physical problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

Are you on any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain \_\_\_\_\_

In case of emergency please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

**Program:** Under which program do you wish to enroll?

- \_\_\_\_\_ **Wholistic Massage Practitioner** (250 hours)
- \_\_\_\_\_ **Wholistic Massage Therapist** (650 hours)
- \_\_\_\_\_ **Wholistic Health Education** (10-250 hours)
- \_\_\_\_\_ **Wholistic Health Consultant** (500 +)
- \_\_\_\_\_ **Wholistic Health Practitioner** (1150 hours)
- \_\_\_\_\_ **A la Carte Classes**

**Schedule:** Under which schedule do you wish to enroll?

**Wholistic Massage classes** (650 hours)

- \_\_\_\_\_ Weekday Full-time
- \_\_\_\_\_ Weekday AM/PM Module
- \_\_\_\_\_ Weekday Tri-Module
- \_\_\_\_\_ Evening/Weekend Part-time
- \_\_\_\_\_ Evening/Weekend Tri-Module
- \_\_\_\_\_ Design my own schedule

**Wholistic Health classes** (500 hours)

- \_\_\_\_\_ Weekday Full-time
- \_\_\_\_\_ Weekday AM/PM Module
- \_\_\_\_\_ Design my own schedule

**Start Date:** Under which start date would you like to enroll?

- \_\_\_\_\_ September 2008
- \_\_\_\_\_ March 2009

**Education**

Are you at least 18 years of age? \_\_\_\_\_ Yes \_\_\_\_\_ No

List all schools attended and professional training, including dates and degrees/diplomas received.

<u>School/College</u>	<u>Dates Attended</u>	<u>Date Graduated</u>	<u>Degree/Diploma</u>

**Employment History**

Please provide your past five year employment history.

<u>Employer name</u>	<u>Employer Phone No.</u>	<u>Dates Employed</u>	<u>Job Title</u>

**Provide the following with your application**

- A \$100 application processing fee.
- A copy of your high school diploma or GED equivalent **OR** higher education transcripts.
- Documentation of a recent physical (within one year) by a physician declaring you to be in good health and free from infectious, contagious or communicable diseases.
- Two original, dated personal references.
- A personal statement declaring why you wish to attend this program and what you want to accomplish for yourself during your study with us.

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have read the current School Catalog, understand the policies and procedures for enrolling in the Sky Hill Institute, School of Wholistic Healing Arts, and agree to comply with **all** of the Sky Hill Institute’s guidelines and considerations.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

By signing this application, I attest that the information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Applicant Name Date

\_\_\_\_\_  
Applicant Signature