

Quantum School of Massage & Holistic Health

931 University Ave #207

Honolulu, HI 96826

(808) 638-0888

Email: QSMHH.school@gmail.com

Web: www.qsmhh.school

Application Form

First Name _____ M.I. _____ Last Name _____

Nickname (or Preferred Name) _____

Name You Would Like to Show on your Diploma _____

Citizenship _____

Date of Birth _____ Social Security Number _____ Gender: _____

Address _____

City _____ State _____ Zip _____

Telephone: Work _____ Home _____ Cell _____

E-mail address _____

Occupation _____

Month or Semester & Year you wish to start classes _____

Note: you can also find this application "on line" at <https://qsmhh.school/apply-now/>

EMERGENCY CONTACT

Emergency Contact: Relationship _____

First Name: _____ Last Name: _____

Home Address: Street and Number _____

City/Town: _____ State: _____

Home/Cell Phone #: _____ Email: _____

Work Place: (Name of Business) _____ Email: _____

Work Place Address: City/Town: _____ State: _____

I am applying for the following programs for 2021/2022:

Certificate Programs:

- Holistic Health Practitioner (HHP) Sound Healing Practitioner (SHP)

Diploma and Combined Degree Programs:

- Licensed Massage Therapist (LMT) Holistic Massage Therapist (HMT = HHP + LMT)

How did you hear about us? _____

Tell us something about yourself and your career goals _____

Why are you interested in the Quantum School of Massage & Holistic Health _____

Previous experience and/or study in the health/energy related field _____

List any special learning needs, accommodations, food allergies, etc. _____

I certify that the above information is correct and complete to the best of my knowledge.
I have a non-refundable application fee of **\$350.00** and a recent photo (digital photo ok.)
Payment methods include: Check, Paypal, Venmo, Credit Card.
Make Check Payable to: Quantum School of Massage & Holistic Health.

Signature of Applicant _____ Date _____

Submit completed Signed form to: Principal Steve McLaughlin, Quantum School of Massage & Holistic Health,
2843 Park St. #A, Honolulu, Hawaii 96817, or qsmhh.school@gmail.com

Received By: _____ Date Received: _____ Application Fee paid: _____
