



# HACC Massage Therapy Program

Complete application in detail, sign, and return along with a non-refundable application fee of \$75.00 to HACC, Blocker Hall 221, One HACC Drive, Harrisburg, PA 17110.

\_\_\_\_/\_\_\_\_/\_\_\_\_ Date      \_\_\_\_\_ Name (Last) (First) (Middle)       Male     Female

\_\_\_\_ Address (Street) (City) (State) (Zip Code) Home Telephone

\_\_\_\_ - \_\_\_\_ - \_\_\_\_ Last 4 digits of Social Security No.      \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Date      \_\_\_\_\_ Work Telephone

\_\_\_\_ Email Address      \_\_\_\_\_ Cell phone Number (if applicable)

**PERSON TO CONTACT IN CASE OF EMERGENCY (Parent, Guardian, Etc.)**

\_\_\_\_ Name (Last) (First) (MI)      \_\_\_\_\_ Relation to Student

\_\_\_\_ Address (Street) (City) (State) (Zip code)      \_\_\_\_\_ Home Telephone      \_\_\_\_\_ Work Telephone

\_\_\_\_ Applicants Place of Birth (City) (State)      \_\_\_\_\_ How did you hear about this program?

I am interested in attending the     full time program     part time program

**REFERENCES: Please List Two References (Other Than Family)**

\_\_\_\_ Name      \_\_\_\_\_ Name

\_\_\_\_ Address      \_\_\_\_\_ Address

\_\_\_\_ City      State      Zip code      \_\_\_\_\_ City      State      Zip code

\_\_\_\_ Home Telephone      \_\_\_\_\_ Work Telephone      \_\_\_\_\_ Home Telephone      \_\_\_\_\_ Work Telephone

Have you ever been convicted of a crime? (Do not include minor traffic violations) \_\_\_\_\_

If "YES", please explain: \_\_\_\_\_

Have you had any contagious diseases in the last two-(2) years? \_\_\_\_\_

If "Yes, Please explain: \_\_\_\_\_

