

APPLICATION

Please complete the following steps to apply for enrollment:

- ☐ Submit this application* along with \$100 application fee
(to pay online, visit: <https://bit.ly/dpsom-application>, or scan the QR code at right)
- ☐ Enclose a copy of a high school or college diploma or GED certificate
OR an official high school or college transcript sent from the school.
(college transcript must have a minimum of 60 credits)
- ☐ Register for and complete a Novice class. Date Completed _____
- ☐ Schedule and complete an admissions interview. Date Completed _____



Application Fee — \$100
<https://bit.ly/dpsom-application>

YOUR CONTACT INFORMATION

Name	SSN (last 4 digits)	Date of Birth
Daytime Phone	Evening Phone	Email
Address		
City	State	Zip
Emergency Contact (Name, Address, Phone Number, Relationship to you)		

YOUR EDUCATION

NAME OF HIGH SCHOOL / COLLEGE(S)	CITY AND STATE	DATES OF ATTENDANCE / GRADUATION

PAYMENT OPTIONS

- ☐ Payment in full
 ☐ Half tuition (\$7,500), remainder paid in 11 equal payments
 ☐ Paid in 12 equal payments

Questions? Call 206.552.6523!

APPLICATION CONTINUES ON THE FOLLOWING PAGE →

YOUR HISTORY

Are you currently employed?

☐

Yes

☐

No

Occupation: _____

Have you done community volunteer work in the past five years?

☐

Yes

☐

No

If yes, please describe organizations, dates of involvement, and service descriptions: _____

Have you incurred serious or repeated disciplinary action or been dismissed, suspended or separated from a school in the past three years?

☐

Yes

☐

No

If yes, please explain:

Have you been convicted of a felony or misdemeanor, other than traffic offenses?

☐

Yes

☐

No

If yes, please describe: _____

By signing below, you indicate that the information on this application is true and accurate to the best of your knowledge and that you have read and understand the catalog contents, which will become part of your agreement with the School. You also authorize DiscoveryPoint School of Massage or its designee to verify any and all information relating to your application, including but not limited to personal, employment, school, criminal, and financial information.

SIGNATURE: _____

DATE: _____

DISCOVER YOUR PATH. DISCOVER MESSAGE. DISCOVER YOURSELF.

* Email your completed application to: admissions@dpsom.com

Or mail your application and documents to our mailing address:

DISCOVERYPOINT SCHOOL OF MASSAGE
916 NE 65TH ST, SUITE A
SEATTLE WA 98115

Questions? Call 206.552.6523



DiscoveryPoint
School of Massage