

## **APPLICATION CHECKLIST**

- Application Form
- \$ 50 non-refundable application fee (include money order, traveler's check or credit card receipt)
- Proof of English language proficiency
- Personal Essay
- Financial Documents:
  - Financial Support Declaration
  - Bank Statement
- Student Health Information and Medical History
- International Student Agreement Form

Please mail completed application package to:

**McKinnon Body Therapy Center  
International Student Office  
2940 Webster Street  
Oakland, CA 94609 (USA)**

# **INTERNATIONAL STUDENT APPLICATION FORM**

McKinnon Body Therapy Center  
2940 Webster Street  
Oakland, CA 94609  
[www.mckinnonmassage.com](http://www.mckinnonmassage.com)

Please type or print responses in English in blue or black ink. ALL QUESTIONS MUST BE ANSWERED COMPLETELY OR YOUR ADMISSION MAY BE DELAYED.

I am applying for:

- 250-hour Massage Practitioner Program (3 Months)  
 500-hour Massage Therapist Program (6 Months)  
 1000-hour Professional Bodyworker Program (12 Months)

## **BASIC INFORMATION**

**Full Name** (EXACTLY as it appears on passport):

\_\_\_\_\_

(Family Name) (First Name) (Middle Name)

**Sex:**  Female  Male

**Date of Birth:** \_\_\_\_\_ **Home Country Phone Number:** \_\_\_\_\_  
(Month/Day/Year)

**Country of Birth:** \_\_\_\_\_ **Country of Citizenship:** \_\_\_\_\_

**Permanent Address** (in home country):

\_\_\_\_\_

\_\_\_\_\_

(City) (District or Province) (Country)

## **LOCAL CONTACT INFORMATION**

Please complete this section if a) you are currently living in the United States or if b) you have a friend or relative who will assist you with the application process and/or can be contacted in case of an emergency.

**Current US Mailing Address and Telephone Number:** \_\_\_\_\_

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**FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_ **Occupation:**  
\_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CARE**

**Who may we contact in case of an emergency? Please print name and phone number of a contact in your home country and in the U.S.**

**U.S. Contact:** \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

**Home Country Contact:** \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

**EDUCATIONAL BACKGROUND**

**Are you a high (secondary) school graduate?**  Yes  No

**If "Yes", list date of graduation:** \_\_\_\_\_

In chronological order, list any secondary school and colleges or universities that you have attended either in the U.S. or in another country. If you attended more than two schools, give the necessary information on a separate page.

	<b>Institution # 1</b>	<b>Institution # 2</b>
<b>Name</b>		
<b>Location</b>		
<b>Dates Attended</b>		
<b>Major</b>		
<b>Diploma/Degree Received</b>		

***\*\*\* SUBMIT PROOF OF GRADUATION FROM SECONDARY SCHOOL AND COLLEGE OR UNIVERSITY WITH APPLICATION\*\*\****

**ENGLISH TRAINING**

**Is English your native language?**

Yes

No

**If “No”, what is your native language?**

\_\_\_\_\_

**What is your TOEFL/IELTS score? \_\_\_\_\_ Date taken: \_\_\_\_\_**

**How many years have you studied English? \_\_\_\_\_**

**Please rank your ability (mark in spaces below):**

<b>How well do you speak English?</b>	<b>poor</b>	<b>fair</b>	<b>well</b>	<b>excellent</b>
<b>How well do you write English?</b>				
<b>How well do you read English?</b>				
<b>How well to you understand English?</b>				

**\*\*\* SUBMIT TOEFL SCORE REPORT WITH APPLICATION IF APPLICABLE \*\*\***

**PERSONAL ESSAY**

Please tell us about yourself, and why you wish to train at our institution. Use a separate sheet of paper to write your essay and type or print clearly in blue or black ink. You must print your name at the top of the paper (Essay should be approximately 500 words).

**\*\*\* SUBMIT PERSONAL ESSAY WITH APPLICATION \*\*\***

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## **FINANCIAL SUPPORT DECLARATION**

**Answer all questions accurately and completely.** Any false or misleading answers may result in denial of application for admission or dismissal from school if in attendance. McKinnon BTC cannot provide financial aid or scholarships for international students. Students must provide a bank statement with application.

This is the amount that you must **pay** for each 250 hour/3 month segment of training.



### **TUITION & BOOKS FOR 250 HOURS/3 MONTHS**

Tuition	\$ 3245
Books	\$ 188 *
<b>TOTAL</b>	<b>\$ 3433</b>

\*Note that book prices are subject to change per segment

This is the amount that you must **show** is available to you for each 250 hour/3 month segment of training.



### **ESTIMATED MINIMUM EXPENSES PER 250 HOUR/3 MONTH SEGMENT**

Tuition	\$ 3245
Books	\$ 188
Room & Board	\$ 1950 *
Transportation	\$ 600 *
Living Expenses	\$ 2100 (\$ 25/day) *
<b>TOTAL EXPENSES</b>	<b>\$ 5195</b>

\*Note that these are estimates and subject to change

**Amount of money available to you (that can be verified) for your training in the United**

**States:** \$ \_\_\_\_\_

**Will this money be available to you during your entire training at our school?**

Yes       No

If "No", please complete Sponsor information on page 6 and have sponsor sign and date.

**Other funds:** \_\_\_\_\_

**List amount to be contributed for 3months of training by:**

**Self:** \$ \_\_\_\_\_ **Parents:** \$ \_\_\_\_\_ **Sponsor:** \$ \_\_\_\_\_

**Total Amount Available (from all sources):** \$ \_\_\_\_\_

Sponsor Information

**Name of Sponsor:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Country of Citizenship:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Sponsor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**BANK STATEMENT**

Submit a recent (i.e. within the last 2 months) bank statement from you and/or your sponsor or a letter from the bank indicating the amount of money that is available to you.

**\*\*\* SUBMIT BANK STATEMENT WITH APPLICATION\*\*\***



## **STUDENT HEALTH INFORMATION & MEDICAL HISTORY**

Part of your learning in class will be related to massage contraindications. We require the following medical history information to insure your safety when you receive massage in class.

**Please mark any and all of the following that apply to you, giving dates/timeframes and other important details:**

- Contagious skin condition: \_\_\_\_\_
- Asthma: \_\_\_\_\_
- Recent accident/injury: \_\_\_\_\_
- Current fever or swollen glands: \_\_\_\_\_
- Cancer: \_\_\_\_\_
- High/low blood pressure: \_\_\_\_\_
- Are you or could you be pregnant? \_\_\_\_\_
- Open sore or wounds: \_\_\_\_\_
- Joint disorder or artificial joint: \_\_\_\_\_
- Osteoporosis: \_\_\_\_\_
- Epilepsy: \_\_\_\_\_
- Diabetes: \_\_\_\_\_
- Varicose veins: \_\_\_\_\_
- Do you have an IUD? \_\_\_\_\_

**Is there anything not listed here that we should know about you (example: vision or hearing impairment)?** \_\_\_\_\_

\_\_\_\_\_

**Please list any other health concerns/problems:** \_\_\_\_\_

\_\_\_\_\_

**Do you take any medications? Please list the medication, how often you take them, and what they are for:** \_\_\_\_\_

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**To the best of your knowledge, are you know in good physical and mental health?**

Yes  No

**If “No”, give specific name of the disorder on a separate page and explain the current treatment.**

Please read and sign the statement below. Your signature indicates that you understand and agree to the following statement. **(Your application will not be processed if this section is not completed).**

*“I certify that all of the above statements are true and correct. I understand that I may be denied admission or be dismissed from the Institute by submitting false or misleading information”.*

\_\_\_\_\_

**Applicant Signature**

\_\_\_\_\_

**Date**

## **International Student Agreement Form**

1. I understand that I **must report at the school immediately** upon arrival in the U.S.
2. I understand that I am required to meet with an **International Student Counselor** at least one week before the beginning of my classes.
3. I understand that I must enroll in and complete a minimum of 250 hours per 3-month segment or be subject to dismissal.
4. I understand that as an international student I must **enroll in classes in a particular order** to maintain full-time status.
5. I understand that in order to register for each 250-hour segment, I must pay my **entire tuition before the start of classes**. McKinnon BTC does not provide financial assistance to international student.
6. I understand that I must obtain prior authorization from the Counselor to change classes or withdraw from school.
7. I understand that I must notify the **International Student Office of any changes in my status** including, but not limited to, changing my address or phone number, or returning to my home country permanently. **Failure to do so will threaten my student status.**

*Your signature indicates that you have read and agree to all of the requirements listed above:*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Name** (Please print): \_\_\_\_\_