

Application for admission to HEADLINES ACADEMY OF MASSAGE

508 6th Street, Rapid City, SD 57701 Phone: 605-348-4247 Fax 605-348-5462

E-mail: headlinesmassage@yahoo.com www.HeadlinesAcademy.com

Financial aid applications can be filled out at www.fafsa.ed.gov Our school code is 016231

Name:		Last	First	Middle
Street Address & Mailing Address			City	State
Home Phone	Work Phone	Cell Phone		e-mail Address
Drivers License # (State: _____ # _____)			Social Security Number	Date of Birth
Name and Phone numbers of nearest living relative			Home Phone	Cell Phone
Complete Mailing Address of nearest living relative				

Employment History: Please list most current first. (the last 3 only)

Employer Name	Dates of Employment (start & end)	Supervisor Name	Job Title/Duties

Educational History: Please list most current first (High School, College, Vocational Training Programs)

Name of School	Dates Attended (start & end)	Degree or Certificate Earned

Do you have any learning disabilities, or any physical or emotional conditions, that could interfere with your ability to complete this educational program or your ability to seek and maintain employment in this field after graduation? _____ If yes, please describe: _____

Have you been treated for any physical injuries in the past five years? _____ If yes, please describe: _____

What is your financial plan for paying for this program? _____

Will all of your bills/payments be current before you begin school? _____

Have you applied for Federal Financial Aid? _____ Have you called to set up a Financial Aid appointment? _____

Are you eligible for any other funding? ___State___ Private Scholarships ___ Veterans Benefits ___ other _____

Have you ever been convicted of a crime? ___ If yes, please explain _____

Are you restricted to living at a penal institution? _____

Are you married? _____ Do you have children? _____ If yes, how many? _____

Have you ever received a professional massage service? _____ If yes, please evaluate the service _____

With my Signature and date, I _____ certify to the accuracy and truthfulness of the foregoing statements and do hereby apply for admission to the class beginning _____ Classes start every 16 weeks, call to check for the next available class start date. YEAR: _____

Signature _____ Date _____

(Please note: early submission of your application is important to acceptance to the class date of your choice. You may mail or fax to the above addresses, or bring the application to our business office at 508 6th Street, suite 207. **Once you have mailed your application in call 605-348-4247 ext 15 to let our Director know you are ready for an interview and tour of the Academy.** As Educational and Admission counselors, we reserve the right to choose applicants who exhibit the ability to succeed.)

DISCOVERY QUESTIONS: (please answer all questions, use additional sheets, or retype if necessary)

1. HOW DID YOU HEAR OF THE ACADEMY?
2. WHAT WILL A CAREER IN MASSAGE MEAN TO YOU?
3. WHAT GOALS DO YOU HOPE TO ACCOMPLISH DURING YOUR ENROLLMENT?
4. WHERE DO YOU PLAN TO WORK AFTER GRADUATION FROM HEADLINES?
5. WHAT IS YOUR 5-YEAR GOAL RELATING TO YOUR MASSAGE CAREER?
6. HOW WOULD YOU DESCRIBE THE TASK OF "PLEASING A CLIENT"?
7. HAVE YOU EVER BEEN FIRED FROM A JOB OR EXPELLED FROM SCHOOL?
8. THE LAST EMPLOYMENT POSITION THAT YOU DECIDED TO TERMINATE, WHY DID YOU?
9. HOW COMMITTED ARE YOU TO COMPLETING THIS COURSE, IF ACCEPTED?
10. HOW DO YOU FEEL ABOUT PEOPLE THAT ARE REGULARLY ABSENT OR LATE FOR COMMITMENTS/APPOINTMENTS?
11. IN REVIEWING THE ACADEMIES GENERAL RULES, ATTENDANCE POLICIES, AND DRESS CODE DO YOU SEE ANY YOU ARE UNABLE TO ACCEPT?
12. IF YOU HAVE A DISAGREEMENT WITH A STAFF MEMBER OR STUDENT, HOW WILL YOU HANDLE IT?
13. HOW DO YOU DEAL WITH PEOPLE TALKING ABOUT OTHER PEOPLE?
14. DO YOU FEEL YOU ARE ABLE TO GET ALONG WELL WITH OTHERS DAILY? _____ WHAT PART OF A TEAM DO YOU FEEL YOU PLAY?
15. WHAT ARE YOUR LIVING ARRANGEMENTS?
DO YOU SEE THOSE CHANGING DURING SCHOOL?
16. DO YOU HAVE DEPENDABLE TRANSPORTATION TO AND FROM SCHOOL? _____ IF YOUR CAR BREAKS DOWN WHAT ARE YOUR ALTERNATE MEANS OF GETTING TO SCHOOL?
17. NOT BEING FINANCIALLY STABLE WILL BE A STUDENTS HARDEST FACTOR TO GET THROUGH SCHOOL., AND ABLE TO REPAY STUDENT LOANS AFTER GRADUATION. HAVE YOU ESTABLISHED A WORKABLE BUDGET THAT WILL ALLOW YOU TO ATTEND SCHOOL FOR 6 MTHS?. _____ It is recommended that you complete the budget survey on the last page
18. DO YOU HAVE CHILDREN FOR CHILD CARE? _____ IF YES, HAVE YOU FOUND DEPENDABLE CHILD CARE FOR THEM? _____ WHO IS AT LEAST ONE OTHER PERSON WHO CAN GIVE YOU BACK UP CHILD CARE IN AN EMERGENCY? _____ IF YOUR CHILDREN ARE IN SCHOOL, DO YOU HAVE DAYCARE FOR DAYS THEY DO NOT HAVE SCHOOL AND YOU DO? _____

INCENTIVE SCHOLARSHIP APPLICATION
HEADLINES ACADEMY OF MASSAGE
\$200.00

Circle the Class of Your Choice:

Classes start every 16 weeks call for the next available class start date. **YEAR:** _____

Please Print

Name SS#

Permanent Address

City State Zip

Home Telephone # Work Telephone #

TERMS & CONDITIONS

- ✓ The \$200 Scholarship will be awarded and applied to the students account upon completion of 600 hours, account paid in full, all assignments complete, and exit counseling complete. Should the students account not be paid in full at completion, scholarship is void.
- ✓ Should the student drop from the program no monies shall be awarded and the scholarship will return to the Academy's Scholarship Fund.
- ✓ Should the student take a leave of absence of any kind at any time during the program no monies shall be awarded and the scholarship will return to the Academy's Scholarship fund.
- ✓ Scholarship application & items listed below must reach the Academy's Office 1 Month prior to class start date for the student to become eligible for this scholarship:
Application for Admissions, 2) Recommendation Forms (Provided), Registration Fee of \$250, Signed Enrollment Contract

I herby affirm, with my signature, that I do understand and will comply with all of the terms and conditions of this scholarship.

Student Signature Date

<p>Office Use Only</p> <p>_____ Application for Admissions</p> <p>_____ Recommendation Forms (Provided)</p> <p>_____ Registration fee of \$250</p> <p>_____ Signed Enrollment Contract</p>	<p>Deadline: _____</p> <p>Date Complete: _____</p> <p>Loss of Scholarship Date: _____</p> <p>Reason: _____</p> <p>Approved by: _____</p>
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Budget worksheet

Here are some of the expenses you might have as a student.
 Use this table to set up a budget to help keep your spending under control.
 It is recommended that you return this with your application so our financial
 aid adviser is better able to conduct your financial aid interview.

Educational Expenses

School supplies (pencils, paper, etc) \$ _____
 Linens & Towels \$ _____
 Uniform/Scrubs \$ _____

Housing

Rent payment \$ _____
 Mortgage payment \$ _____
 Electricity \$ _____
 Gas \$ _____
 Phone \$ _____
 Internet \$ _____
 Water, sewage, garbage \$ _____

Food

Groceries \$ _____
 Fast Foods \$ _____
 Beverages \$ _____

Other living expenses

Personal care (hair, toiletries) \$ _____
 Laundry and dry cleaning \$ _____
 Clothing/shoes \$ _____
 Gifts \$ _____
 Monthly membership dues/subscriptions \$ _____
 Health Insurance \$ _____
 Prescriptions \$ _____

Transportation

Car payments \$ _____
 Gas & oil \$ _____
 Normal Car Maintenance \$ _____
 License and registration fees \$ _____
 Auto Insurance \$ _____
 Lease/Meter Parking \$ _____

Entertainment

Movies \$ _____
 Concerts \$ _____
 Sports Events \$ _____
 Dining Out \$ _____
 Health Club Memberships \$ _____
 Parties \$ _____
 Cable Television \$ _____
 Electronic equipment (software, CD's) \$ _____
 Sports/recreation equipment \$ _____

Child Care and pet care

Day Care \$ _____
 Baby/Pet sitters \$ _____
 Medical/veterinary \$ _____
 Toys \$ _____
 Special foods \$ _____
 Clothes \$ _____
 Other \$ _____

Expecting the unexpected

Traffic Tickets \$ _____
 Car Boot Removal \$ _____
 Car repairs \$ _____
 Medication \$ _____
 Dental Care \$ _____

Debt Obligations

Credit Cards \$ _____
 Department Store Cards \$ _____
 Other \$ _____

TOTAL EXPENSES.....\$ _____

INCOME:

Net/Take home Wages \$ _____
 Tips \$ _____
 Interest Income \$ _____
 Investment Income \$ _____
 Other \$ _____

Non-taxable income

TANF \$ _____
 Veterans Benefits \$ _____
 Social Security \$ _____
 Trust Fund \$ _____
 Support from Parents \$ _____
 Other \$ _____

TOTAL INCOME.....\$ _____

TOTAL INCOME: \$ _____
TOTAL EXPENSE - \$ _____
 = \$ _____
X (6 MONTHS)
 = \$ _____

IF YOUR INCOME IS HIGHER THAN YOUR EXPENSES
 THAN THIS FIGURE IS YOUR REMAINING SPENDING
 MONEY.

IF YOUR EXPENSES ARE HIGHER THAN YOUR
 INCOME, YOU MAY NEED ADDITIONAL FINANCIAL
 AID, OR HAVE TO RETAIN EMPLOYMENT DURING
 SCHOOL.

Headlines Academy

Financial Aid Student Procedures

Apply for financial aid eligibility

_____ **Step 1:** Request Pin Number for you (and your parent if applicable)

Web site: www.fafsa.ed.gov

_____ **Step 2:** Fill out FAFSA

Web site: www.fafsa.ed.gov

_____ **Step 3: Call or email the school** to notify them you have completed the FAFSA, and tell them what program and when you will be starting school.

_____ **Step 4:** School receives information.

We receive a copy of your student financial aid information, and we will create an award letter stating what loans, pell grants, and school scholarships you are eligible for.

_____ **Step 5:** Complete verification is notified. Fill out form from school & supply tax forms.

_____ **Step 6:** Return copy of Award Letter to Financial Aid office with amounts you wish to apply for, with initial & date.

Applying for Federal Stafford (FFELP) loans and Federal Pell Grant:

Pell Grants: Based on financial need, check award letter for eligibility. No action needed by student, school draws down pell grant funds after student has started school, and apply the funds to your account. *(Do not have to be paid back – unless you drop you might have to)*

Federal Stafford Loans: *All students qualify for this as long as they are not in default on other student loans.*

_____ Step 1 – Student fills in amounts on award letter sent from the school, & returns this form to the school.

_____ Step 2 – School certifies the loan via Great Lakes Internet.

_____ Step 3 - Student needs to fill out a Master Promissory Note (MPN) at: -

<https://choice.fastproducts.org/FastChoice/Welcome.do?configId=1255444773134>

For Master Promissory Note at Wachovia-a Wells Fargo Company www.wachovia.com/education

_____ Step 4 - Complete Stafford Entrance Loan Counseling:

<http://mapping-your-future.org/services/oslcidx.htm>

- Features
- Student Loan Counseling Services
- Stafford Entrance

Federal Parent Plus Loans: Based on credit rating, however if parent is denied, school can certify the student for an additional Stafford un subsidized loan. After completing the following application a report will be sent to the school with the results.

Other Options:

Great Opportunity Academic Loans II (GOAL II) Alternative Loans:

Complete pre-approval & application at: <http://www.slfc.com>

- Get a Loan (Apply Now)
- Register Now
- Once you register, to go Get a Loan (Alternative Loan)
- Complete the Pre-Approval, and if approved you will be sent to the screen to complete the application.
- TIP: using a co-signer will increase your chances of approval & possibly lower your interest rate.

Wells Fargo Education Connection Loan:

An affordable alternative loan designed to supplement your Federal Stafford Loan – school certification is not required.

- No origination, disbursement, or repayment fees
- No payments for up to six months after leaving school
- Borrow up to \$25,000 per school year for education expenses
- Repayment incentives for automatic and on-time payments

<http://www.wellsfargo.com/student>

Scholarship Search:

Fastweb: Free Scholarship Search. 600,000 scholarships worth \$1 billion

<http://www.fastweb.com>

Financial aid can be confusing, so I hope this list helps. I will answer your questions as many times as you need until you understand. If you have further questions, please call or stop by my office anytime.

Peggy Sproat – Financial Aid Administrator
508 Sixth Street, Suite 207 Rapid City, SD 57701
605-348-4247 ext 14
headlines@rushmore.com

HEADLINES ACADEMY OF MASSAGE RECOMMENDATION FORM:

(One of the two forms should to be completed by a previous or current teacher, or employer.
The other can be a personal reference.)

Student Name: _____ Phone(____) _____ IS MAKING AN APPLICATION TO ATTEND THE
ACADEMY AND HAS LISTED YOU AS A PERSON WHO HAS ADEQUATE KNOWLEDGE TO MAKE A REFERRAL OF
HER/HIM TO SUCCEED IN THE MASSAGE PROFESSION. PLEASE ANSWER THE QUESTIONS BELOW & FEEL FREE
TO MAKE ADDITIONAL COMMENTS ON THE BACK OF THIS FORM. YOUR COMMENTS WILL BE CONFIDENTIAL.
THANK YOU FOR YOUR TIME AND INTEREST.

PLEASE MAIL OR FAX TO: **HEADLINES ACADEMY 508 6th Street, Rapid City, SD 57701 or Faxed to 605-348-5462**

I, _____ authorize _____
(Student Name) (name) (address)
to release the information as asked for below. _____
Student Signature Date

1. What is your relationship to the applicant?
2. Were you in a position to observe the prospective student as they attended (school / work / other) ____yes ____no
If yes, did you observe them as having __good __average __poor attendance?
How many days were they late or miss on an average per month?
3. Do you feel the prospective student enjoys working with people? Rate 1-10 (10 highest) _____
Why?
4. Have you observed this person being able to fulfill his/her commitments? Rate 1-10 (10 highest) _____
What types of commitments?
5. Do you feel this person can work under authority or instruction, and take constructive criticism well?
Rate 1-10 (10 highest) _____ Explain:
6. Do you feel this person is conscientious of his/her personal appearance and hygiene? Rate 1-10 (10 highest) _____
Explain:
7. In your observation of this person, have you been able to see a willingness to learn? Rate 1-10 (10 highest) _____
8. Do you feel this student is financially able to complete school? Yes No Unsure
Explain:
9. How would you rate this person's output & quality of work? Rate 1-10 (10 highest) _____
Explain:
10. Complete this sentence: I feel this person can succeed in Massage as long as....

May we call you to clarify the information you have provided? ____ yes ____no, I'd rather you didn't

Printed Name: _____ Signature _____ Date _____ Phone # _____

Occupation: _____ Place of Employment: _____

(Intentionally Left Blank)

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Student Name: _____ Phone (____) _____ IS MAKING AN APPLICATION TO ATTEND THE ACADEMY AND HAS LISTED YOU AS A PERSON WHO HAS ADEQUATE KNOWLEDGE TO MAKE A REFERRAL OF HER/HIM TO SUCCEED IN THE MASSAGE PROFESSION. PLEASE ANSWER THE QUESTIONS BELOW & FEEL FREE TO MAKE ADDITIONAL COMMENTS ON THE BACK OF THIS FORM. YOUR COMMENTS WILL BE CONFIDENTIAL. THANK YOU FOR YOUR TIME AND INTEREST.

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