

Practical Nursing Program Application



Bring this completed application with you on test day.

Test Date Requested: _____

Name: _____ Soc. Sec. #: _____ - _____ - _____
(Last, First, Middle)

Address: _____
(Number and Street) (City, State, Zip Code)

Phone: _____ Alternate Phone: _____ Birth Date: ____/____/____

Email Address: _____ Are you a U.S. Citizen? Yes No

Ethnicity: (Race/Ethnicity information is optional. Information provided will not be used in a discriminatory manner.)

Are you Hispanic or Latino? Yes No (country of family's origin _____) How would you describe your racial background? (select one or more of the following categories):

- Asian (country of family's origin _____) Native Hawaiian or Other Pacific Islander
- Black or African American White
- American Indian or Alaska Native (enrolled _____)
Tribal affiliation _____

Have you ever been convicted of a felony or been imprisoned in Missouri or any other state? Yes No

Do you have a Good Cause Waiver? Yes No

If yes, please explain (include dates): _____

Emergency Contact Name: _____ Phone: _____

Address: _____
(Number and Street) (City, State, Zip Code)

Education:

High School: _____ Year of Graduation: _____

Address: _____
(Number and Street) (City, State, Zip Code)

GED Location : _____ Date Received: _____

Post-Secondary Education:

School: _____ Course: _____ Year: _____

School: _____ Course: _____ Year: _____

School: _____ Course: _____ Year: _____

Have you previously received educational financial aid? Yes No

Employment History: (current or most recent first)

Currently Working At: _____ Job Title: _____

Date Began: _____ Hours Worked: _____ Supervisor Name: _____

Company Last Worked At: _____ Job Title: _____

Date Began: _____ Date Ended: _____ Reason for Leaving: _____

Please check the box indicating the location you would like to attend:

South Tech Campus
Practical Nursing Program
12721 W. Watson Road, Sunset Hills, MO 63127
(314) 989-7570

North Tech Campus
Practical Nursing Program
1700 Derhake Rd, Florissant MO 63033
(314) 989-7676

How did you hear of our program? _____

I, _____ certify that the above information is correct. Date: ____/____/____
(Signature)

THE PRACTICAL NURSING PROGRAM IS NOT DISCRIMINATORY. All eligible applicants will be considered for admission regardless of the student's race, color, national origin, sex, religion, disabling condition, ancestry, or socio-economic status.