

APPLICATION FOR SCHOOL OF PRACTICAL NURSING  
PAGE COUNTY TECHNICAL CENTER  
70 EAGLE WAY  
LURAY, VA. 22835

Name\_\_\_\_\_ Social Sec. #\_\_\_\_\_

Address\_\_\_\_\_ Single\_\_\_\_\_ Married\_\_\_\_\_ Divorced\_\_\_\_\_  
Widowed\_\_\_\_\_  
\_\_\_\_\_ Number of Children\_\_\_\_\_ Ages of Children\_\_\_\_\_

Place of Birth\_\_\_\_\_ Date of Birth\_\_\_\_\_ Telephone #\_\_\_\_\_

Father's Name\_\_\_\_\_ Occupation\_\_\_\_\_  
Mother's Name\_\_\_\_\_ Occupation\_\_\_\_\_  
Spouse's Name\_\_\_\_\_ Occupation\_\_\_\_\_

Name of High School\_\_\_\_\_ Location\_\_\_\_\_  
Highest Grade Completed\_\_\_\_\_  
Graduate: YES\_\_\_\_\_ NO\_\_\_\_\_ GED\_\_\_\_\_ Year Graduated High School\_\_\_\_\_  
Resident of Page County: YES\_\_\_\_\_ Length of Residence\_\_\_\_\_ NO\_\_\_\_\_

List names of immediate supervisor, company name, and FULL MAILING ADDRESS of any former or present employers that we may use as references. If you have not been employed, please give references-people you know but are not related to:

Supervisor\_\_\_\_\_ Company Name\_\_\_\_\_  
Address:\_\_\_\_\_

Supervisor\_\_\_\_\_ Company Name\_\_\_\_\_  
Address:\_\_\_\_\_

Supervisor\_\_\_\_\_ Company Name\_\_\_\_\_  
Address:\_\_\_\_\_

Do you need corrective lenses for vision?\_\_\_\_ Do you need auditory aids for hearing?\_\_\_\_  
Do you have a physical disease or disorder? YES\_\_\_\_\_ NO\_\_\_\_\_ If yes, explain  
below:\_\_\_\_\_

Have you ever been convicted of any criminal offense other than minor traffic violations?  
YES\_\_\_\_\_ NO\_\_\_\_\_ If yes, please explain the offense.

Remember-a criminal background check will be conducted as part of the admission process. \_\_\_\_\_

Are you now, or have you ever been addicted to the use of alcohol or habit forming drugs?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please explain:

What occupations have you seriously considered as possible goals?

Why? \_\_\_\_\_

Please attach a separate piece of paper explaining why you wish to select practical nursing as a career.

- This **ESSAY** should be written in your own handwriting with proper grammar and spelling.

Have you ever applied to the Page County Technical Center practical nursing program before?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, list the approximate year \_\_\_\_\_

I certify that the above information is true and accurate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please request that a copy of your high school transcripts or GED scores be sent to PCTC.  
Mail or return completed application to:

Page County Technical Center  
School of Practical Nursing  
70 Eagle Way  
Luray, Va. 22835

\*Attach a recent photograph of yourself to this application. Please write your name on the back of the photo.

*Page County Technical Center does not discriminate on the basis of age, religion, creed, ethnic origin, marital status, race, sex, health status or handicap which does not interfere with the attainment of program objectives.*

***The section listed below is for PCTC PN Admissions committee members:***

Committee member name: \_\_\_\_\_

Applicant date of Acceptance into PN program \_\_\_\_\_

Date of Alternate/wait list number \_\_\_\_\_

Date of Non- acceptance \_\_\_\_\_