

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_____

High School Students: List below names of current teachers:

Teachers Name	Subject
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1. _____
2. _____
3. _____
4. _____
5. _____

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?_____

- On a separate piece of paper, explain fully 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_____