

York County School of Technology



Adult Nursing Education Program
2179 S. Queen Street York, PA 17402
www.ytech.edu/adulted

APPLICATION FOR ADMISSION

Nursing Application must be completed prior to Pre entrance exams (Please Print)

Office Use Only rev. 9/2/16

Date _____ Received: _____

FA Eligible? Yes _____ No _____

Start date: _____

Application receipt number

Program _____

Date: _____

Practical Nursing (please circle one) January July

Have you had any previous Nursing experience? Yes _____ No _____

If yes, please explain where you have/had the experience: _____

Name and Mailing Address

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Number (____) _____ - _____ Email Address _____

(Upon enrollment, all students must provide a working email address.)

Residency

Indicate your school district, county and state of permanent residence. *You must alert YCST if your residency changes.*

School District of Residence _____ County of Residence _____ State of Residence _____

How long have you resided in the State of Pennsylvania? _____ Years _____ Month(s)

PAYMENT INFORMATION

Please note that payment arrangements must be made prior to your first night of class

I will be paying my tuition via the following sources (check all that apply):

Private Pay/YCST Payment Plan

I will be applying for Financial Aid (FAFSA)

I will be applying for Alternative Loans

Pell Grant Loan

I am currently seeking / approved for funding through an outside agency (OVR, Trade, WIOA, etc.)

Name of Agency: _____

Contact/Counselor Name: _____

My company is paying my tuition

Company Name: _____

Company Contact: _____

Veteran Funding (Specify Type): _____

Other: _____

Personal Information

Gender: ___M ___F Date of Birth: ___/___/___ Social Security Number ___-___-___

Note: The use of your Social Security number is for tax purposes, determining eligibility for financial aid and veteran benefits. To protect your privacy, it will not be used as your student identification number.

Are you a United States Citizen? ___Yes *(If no, please supply required information in shaded area below.)*

___No, I am a permanent resident and am submitting a copy of my Permanent Resident card with this application. *(Do not check this box if you are a U.S. citizen)*

___No, I am a non-resident alien, have completed the questions below and am submitting a copy of my current Visa and I-94 card with this application.

Country of Citizenship? _____ Current Visa? _____

What is your primary language? _____

We request that you voluntarily provide the following information as required by state and federal agencies for statistical and research purposes only.

Ethnicity: ___Hispanic/Latino ___Non-Hispanic/Latino

Race: ___American Indian/Alaskan Native ___ Native Hawaiian/Other Pacific Islander ___ Asian ___ White ___ Black/African American

Are you a veteran, eligible dependent, or member of the National Guard or Selected Reserves? ___Yes ___No

Are you currently employed? ___Yes ___No Is your employment: ___Full Time ___Part Time

Educational Background

Do you have a High School Diploma, GED, or equivalent? Yes No

High School Name/Location: _____

Date of High School Graduation or GED Issuance: (mm/dd/yy) _____

Have you previously attended a college/technical school? Yes No

_____/_____/_____/_____/_____/_____
Name of Institution City State From To

_____/_____/_____/_____/_____/_____
Name of Institution City State From To

Signature and Date

I hereby understand that any misrepresentation of information in this application may result in denial of admission or dismissal. If offered a position in a Practical Nursing, I consent to taking a physical exam to include a drug screen and understand that my acceptance is contingent upon results of this exam.

Printed Name Signature of Applicant Date

Signature of Parent/Guardian for Applicant under 18 yrs.

Printed Name Signature of Parent Date

ADDITIONAL ADMISSION REQUIREMENTS:

1. Official High School Transcript
2. Copy of Driver's License
3. Two letters of recommendation from an employer and/or teacher
4. Essay (Typed) "What Practical Nursing means to you and why you would like to become a Practical Nurse (150 words or more)