

# York County School of Technology



## Nurse Aide Program

2179 S. Queen Street York, PA 17402  
[www.ytech.edu/adulted](http://www.ytech.edu/adulted)

### APPLICATION FOR ADMISSION

**Office Use Only** rev. 9/2/16

Date Received: \_\_\_\_\_ FA

Eligible? Yes \_\_\_\_\_ No \_\_\_\_\_

Start date:  
\_\_\_\_\_

Upon applying for admission, the applicant must complete the Verification of Residency and the Attestation of Compliance forms on page 3 of the application packet.

Have you had any previous Nursing Experience? \_\_\_\_ Yes \_\_\_\_ No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Name and Mailing Address (P.O. Box addresses cannot be used as a mailing address)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Residency Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Contact Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail address **(Must be an active, working e-mail 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? (Please list the number of years and months) \_\_\_\_\_ Years \_\_\_\_\_ Months

#### Payment Information

**(Please note that payment arrangements must be made prior to your first day 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): \_\_\_\_\_ Pell Grant \_\_\_\_\_ Student Loan3

I will be applying for Alternative Loans

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:  Male  Female Date of Birth: \_\_\_/\_\_\_/\_\_\_ Social Security Number \_\_\_-\_\_\_-\_\_\_

Note: (Use of your Social Security Number is for Tax Purposes and in 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 U.S. Citizen?  Yes  No

If No, please supply required information in areas below. (If you are a U.S. Resident, do not fill out the information below).

No, I am a permanent resident and am submitting a copy of my Permanent Resident Card with this application.

No, I am a non-resident alien, I have completed the questions below and am submitting a copy of my current Visa and I-94 card with this application.

County of Citizenship \_\_\_\_\_ Current Visa Number \_\_\_\_\_

Primary Spoken Language \_\_\_\_\_

We request that you voluntarily provide the following information as required by State and Federal guidelines for statistical and research purposes only.

Ethnicity:

Hispanic/ Latino

Non-Hispanic/ Latino

Race:

American Indian/ Alaskan Native

Asian

Black/ African American

Native Hawaiian/ Pacific Islander

Other

Are you a U.S. Veteran, eligible dependent, or member of the National Guard, or Selected Reserves?  Yes  No

Are you currently employed?  Yes  No

What is your employment status?  Full-time  Part-time

## Educational Background

\* Prior to enrollment, applicants will need to provide a copy of their High School Official Transcript/ GED certificate

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

High School Name: \_\_\_\_\_ High School Location: \_\_\_\_\_

Date of High School Graduation or GED Issuance (mm/dd/yy): \_\_\_-\_\_\_-\_\_\_

Have you previously attended a College/Technical school?  Yes  No

\_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name of College/ Technical School City State

\_\_\_\_\_ from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Name of College/ Technical School City State

## 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 and Nurse Aide Class, 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