

Penn College at Wellsboro Practical Nursing Program

APPLICATION

Please check the class you are applying for:

_____ **Spring March 2024 Full-time class**

_____ **Fall Sept. 2024 Full-time class**

NAME: _____
Last First Middle Initial Social Security Number

If your name has been changed, please provide your name as it may appear on other records: _____

Current Legal Residence:

Are you a resident of Pennsylvania?

Street Address

☐ Yes (more than two years)

☐ Yes (less than two years)

☐ No

City State Zip Code

Telephone: () _____

Birth Date ____-____-____

E-mail address _____

Sex: ☐ Female ☐ Male

If you are under the age of 21, please identify your closest relative:

Relationship to you: ☐ Father ☐ Mother ☐ Guardian ☐ Spouse ☐ Other

Name Phone Number: _____

Street Address

City State Zip Code

Please complete this information in accordance with federal and state reporting requirements.

Information will be kept confidential

This information is intended solely for affirmative action purposes, including the Commonwealth of Pennsylvania Plan for Equal Opportunity in the State-Supported Institution of Higher Education, and for statistical purposes. The information you provide will not be used to deny admission. Provision of this information is voluntary.

RACE

☐ **American Indian/Alaskan Native** – A person having origins in any of the original peoples of North American and who maintains Cultural identification through tribal affiliation or community recognition.

☐ **Hispanic** –A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race

☐ **Asian/Pacific Islander** – A person having origins in any of the Original peoples of the Far East, Southeast Asia, the Indian subcontinent or Pacific Islands. This includes peoples from China, Japan, Korea, the Philippine Islands, Samoa, India. and Vietnam.

☐ **Nonresident Alien** –A person who is a citizen or national of the United States who is in this country on a visa or temporary basis and does not have the right to remain indefinitely

☐ **Black (Non-Hispanic)** – A person having origins in any of the black racial groups of Africa (except those of Hispanic origin).

☐ **White (Non-Hispanic)** – A person having origin in any of the original peoples of Europe, North Africa or the Middle East (except those of Hispanic origin).

TELL US ABOUT YOU

Please check all statements that describe you.

Education:

- ☐ I am a Senior/12th grade
I expect to graduate in _____
(Month) (Year)
- ☐ I am a high school graduate.
- ☐ I have earned a high school equivalency diploma (GED – attach a copy).
Month/year of exam: _____
- ☐ I have taken college courses and earned college credits (**attach official transcripts**)
- ☐ I am a Certified Nurse's Aide (CNA), EMT and/or Medical Office Assistant (include a letter of recommendation from your employer on facility letterhead with a copy of your certification)

Currently Employed? Yes / No

Where: _____

Citizenship:

- ☐ I am a U.S. citizen / Lived in PA _____ years
- ☐ I am a permanent resident but not a U.S. citizen.
- ☐ I am a nonresident alien.
List type of visa _____
Home Country _____

Language:

- ☐ English is my native language.
- ☐ Do you speak another language? _____
- ☐ I have taken the Test of English as a foreign language (TOEFL).
Exam date _____
Total score _____
- ☐ I have not taken the TOEFL exam.

Will you be applying for Veterans Benefits? Y / N
If yes, which benefits?

____ National Guards/Reserves ____ VA Rehab
____ Active Duty GI Bill ____ Dependent

Please list your significant personal achievements: for example: participation in organizations, activities, sports, and community service, work experience as well as special awards you have earned.

High School & College Experience:

Type of Institution	Name of School	City, State	Major	Year of Graduation Last semester attended	Degree
High School					Diploma GED
Vo-Tech Career Center AVTS, etc					
College or University					None Certificate Associates Bachelors Masters Doctorate

I certify that all information provided is complete and accurate.

Please Sign Here: _____ Date: _____

Application for Admission

Practical Nursing Program Forms

CHECKLIST: BEFORE MAILING THIS APPLICATION:

- ☐ Complete ALL sections of this application. ***Incomplete forms will delay the acceptance process.***
- ☐ If applicable, have your college submit your original transcripts to Penn College Wellsboro. If you pick them up, they must be delivered to us in a SEALED envelope directly from the college.
- ☐ Ask your high school principal or guidance counselor to submit your official high school transcript to Penn College at Wellsboro. If you have a Pennsylvania GED, submit your official score to Penn College at Wellsboro. If you do not have a PA GED, Please call us at 570-724-7703.
- ☐ Submit two (2) **letters of reference** to Penn College at Wellsboro with writer's name, address, and telephone number. If you currently work in the healthcare field, submit a letter of recommendation from your current employer/supervisor on facility letterhead and include a copy of your certification.

**SUBMIT COMPLETED APPLICATION FORM, REFERENCES AND
HIGH SCHOOL TRANSCRIPT OR PA GED SCORES TO:**

**PENN COLLEGE AT WELLSBORO
Attn: Wendy Joachim
22 WALNUT STREET
WELLSBORO, PA 16901**

Upon receipt of the completed application, application fee, official transcripts (high school and college) and two letters of reference. Penn College at Wellsboro will contact you to schedule the **TEAS** test.

For office use only:

☐ Application Complete

GPA/QPA: _____

☐ 2 Letters of Reference

☐ FBI Check

TEAS: _____

☐ Transcripts/PA GED

☐ Criminal Background Check

SAT: _____

☐ Child Abuse Check

☐ Official College Transcripts ☐ Applied for Veterans Benefits Type: _____

☐ CNA Reference Letter ☐ CNA Certificate

☐ EMT Reference Letter ☐ EMT Certificate

☐ MOA Reference Letter ☐ MOA Certificate

INTERVIEWED ☐ Y ☐ N ACCEPTED ☐ Y ☐ N BY: _____

NOTES: _____