



Pinelands School of Practical Nursing & Allied Health, Inc.

Master Your Career, Fulfill Your Dream.

Application for Practical Nursing Program

DATE YOU WISH TO ENTER:

Day Program Start Date: Month _____ Year _____
Evening Program Start Date: Month _____ Year _____

TO COMPLETE THIS APPLICATION:

Please type or print legibly. Accuracy will speed processing of your application.

CHECK ONE:

New Student (will attend Practical Nursing School for the first time).
Previous Student (previously attended Pinelands Practical Nursing School Program).
If yes, WHEN? Term: _____ Year: _____

NAME:

Last Name	First Name	Middle Initial	Maiden/Previous Names
-----------	------------	----------------	-----------------------

List any other name that may appear on your academic records: _____

SOCIAL SECURITY# (Attach copy of SS Card): _____/_____/_____

BIRTHDATE (Month/Day/ Year): _____/_____/_____

CITIZENSHIP (CHECK ONE):

USA
Permanent Resident - (attach copy of green card)
Foreign Citizen

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____ Current Visa: _____

Is English your primary language? Yes No

Pinelands School of Practical Nursing & Allied Health Alumnus in your family? Yes No

Name(s): _____ Relationship: _____

OPTIONAL (CHECK ONE): Race/Ethnicity: American Indian/Alaskan Native Asian or Pacific Islander Black Hispanic White Other	OPTIONAL (CHECK ONE): Marital Status: Divorced Married Single Separated	OPTIONAL (CHECK ONE): Sex: Female Male
---	---	--

1901 Lakewood Road/ Route 9, Suite 300, Toms River, NJ 08755
Tel 732-228-7290 & 732-228-7294 Fax 732-228-7496 Email office@pinelandsnursing.com

PERMANENT ADDRESS and PHONE

Street/Box/Apt. #: _____ City: _____
 _____ State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____
 FAX Number: _____ E-Mail: _____

MAILING ADDRESS (if not the same as above): If Mailing Address is temporary, effective dates from:

_____ to _____
 Street/Box/Apt. #: _____ City: _____
 _____ State: _____ ZIP: _____

Telephone: _____

EMERGENCY CONTACT:

 Last Name First Name Middle Initial Maiden/Previous Names

Relationship: _____

Street/Box/Apt. #: _____ City: _____
 _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____

Work Number: _____ E-Mail: _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL – Official Transcript required. Attach a continuation sheet if you attended more than four high schools.			
High School Name	City/State	Year of Attendance	Graduated – Month/Year

If you did not graduate from high school, do you have a General Equivalency Diploma (GED)?

Yes No If no, when do you plan to test? _____

If yes, _____
 Month/Year Highest Scores: SAT Critical Reading SAT Math SAT Writing SAT Total ACT Composite

COLLEGE/UNIVERSITY (includes all post-secondary education). Official Transcript required. Attach a continuation sheet if you attended more than 4 colleges				
College Name	State	Attendance From (Month/Year) to (Month/Year)	Anticipated No. of Credits	Degree Awarded

Have ever been convicted of a crime? Yes No

A conviction will not necessarily disqualify an applicant from admission.
 If yes, please explain and indicate the date and your rehabilitation of conviction.

Are you involved in any pending criminal legal matter(s)? Yes No

An affirmative answer (meaning you answered "yes") will not necessarily disqualify an applicant from admission.
 If yes, please explain.

How did you hear about us? Website Brochure College Fair Family/Friend _____
Other _____

CERTIFICATION

I hereby certify that the information furnished on this application is accurate and complete, that I have not been enrolled in, nor have I attended any, collegiate institution other than those listed on this application, and that any misrepresentation of fact will constitute cause for cancellation of my application prior to admission or dismissal following admission.

Applicant's Name (Print): _____

Applicant's Signature: _____ Date: _____

SEND COMPLETED APPLICATION AND THE NON-REFUNDABLE \$45.00 APPLICATION FEE TO:
THE ADMISSION OFFICE
 Pinelands School of Practical Nursing & Allied Health
 1901 Lakewood Road/Route 9, Suite 300
 Toms River, New Jersey, 08755

PLEASE NOTE: FAILURE TO SUBMIT ALL REQUESTED INFORMATION WILL DELAY THE PROCESSING AND EVALUATION OF YOUR APPLICATION.