



# 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 up the 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(s) that may appear on your academic records: \_\_\_\_\_

### SOCIAL SECURITY NO: \_\_\_\_\_

BIRTHDATE (Month/Day/ Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### CITIZENSHIP (CHECK ONE):

- USA
- Permanent Resident
- 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: \_\_\_\_\_

|  |  |   |
|--|--|---|
| (CHECK ONE):<br>Race/Ethnicity:<br><input type="checkbox"/> American Indian/Alaskan<br><input type="checkbox"/> Asian or Pacific Islander<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Hispanic<br><input type="checkbox"/> White<br><input type="checkbox"/> Other | (CHECK ONE): Marital Status:<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Married<br><input type="checkbox"/> Single<br><input type="checkbox"/> Separated | (CHECK ONE): Sex:<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male |
|--|--|---|

1901 Lakewood Road/ Route 9, Suite 100, Toms River, NJ 08755

Tel 732-228-7290 & 732-228-7294 Fax 732-228-7496 Email [office@pinelandsnursing.com](mailto: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  
 Relationship: \_\_\_\_\_  
 Street/Box/Apt. #: \_\_\_\_\_ City: \_\_\_\_\_  
 \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Work Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

| HIGH SCHOOL – Official Transcript required.<br>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 take the test? \_\_\_\_\_

If yes, \_\_\_\_\_  
 Month/Year Highest Scores: SAT Critical Reading SAT Math SAT Writing SAT Total ACT Compos

| COLLEGE/UNIVERSITY (includes all post-secondary education).<br>Official Transcript required.<br>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 you 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.

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**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.

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How did you hear about us?

- Website
- Brochure
- 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 100  
Toms River, New Jersey, 08755

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