



SoCal Nursing Academy Application
PROSPECTIVE STUDENT PROFILE

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ E-mail: _____

Cell Phone: _____ Work Phone: _____

Date of Birth (DOB): _____ Social Security: _____ - _____ - _____

U.S. Citizen: Yes ___ No ___ Permanent Resident: Yes ___ No ___

Married: Yes ___ No ___ No. of Dependents: _____

What type of transportation will you be using to attend school? Car ___ Public ___

Did you graduate from High School: Yes ___ No ___ Did you graduate from College: Yes ___ No ___

Name of High School or College Attended:

Do you have a Bachelor's or Master's Degree? Yes ___ No ___

If Yes, Year: _____

Received GED: Yes ___ No ___

If No, last grade completed: _____ or GED, from _____

How did you hear about Southern California Nursing Academy, Inc. (SoCal Nursing)?

Are you interested in a Scholarship Program and Grant? Yes ___ No ___

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Accepted: Yes ___ No ___

If Denied, the reason:

Anticipate Start Date: _____ Session: Morning _____ Evening _____

Other Information:
