

SoCal Nursing Academy Application

PROSPECTIVE STUDENT PROFILE

Date:			
Name:			_
			_
City:	State:	Zip:	
Home Phone:	E-mail:		
Cell Phone:	Work Pho	one:	
Date of Birth (DOB):	Social Security:		
U.S. Citizen: Yes No	Permanent Resident: Yes	No	
Married: YesNoNo.	of Dependents:		
What type of transportation will	you be using to attend scho	ol? Car Public	
Did you graduate from High Sch	1001: Yes No Did y	ou graduate from College: Yes No	
Name of High School or College	e Attended:		
Do you have a Bachelor's or Ma	ster's Degree? Yes No		-
If Yes, Year:			
Received GED: Yes No	-		
If No, last grade completed:	C	or GED, from	
How did you hear about Souther	n California Nursing Acade	my, Inc. (SoCal Nursing)?	
Are you interested in a Scholarsh	nip Program and Grant? Yes	sNo	
	SOUTHERN CALIFORNIA NURSING At "Our education, commitment and networks. Y 73700 Dinah Shore Drive, S Palm Desert, CA 9221 (20) 232 See	Your dreams and success." uite 107	1
	(760) 332-8083 socalnursingacademy@gm www.SoCalNursingAcadem		

SoCal Nursing Academy Application FOR ADMINISTRATION & COLLEGE USE ONLY

Accepted: YesNo			
If Denied, the reason:			
Anticipate Start Date:	Session: Morning	Evening	
Other Information:			

SOUTHERN CALIFORNIA NURSING ACADEMY, INC. "Our education, commitment and networks. Your dreams and success." 73700 Dinah Shore Drive, Suite 107 Palm Desert, CA 92211 (760) 332-8083 socalnursingacademy@gmail.com www.SoCalNursingAcademy.com