



Date Application Received _____

Application fee paid _____

Program Location: ___ Southaven ___ Belzoni

Admission Application

Program Cost: \$30.00 application fee (nonrefundable) _____

Student Name: _____ Date _____

Please identify your Program of Study: ___ Phlebotomy Technician Program

___ Electrocardiograph Technician

___ Nurse Aide/CNA

Session 1: Evening/Saturday ___ Session 2: Day ___

Anticipated Session Start Date _____

Anticipated Session End Date _____

Student Information

Address: _____

City/State/Zip: _____

Telephone: Primary: _____

Alternate Telephone #: _____

Email Address: _____ Date of Birth ___/___/___

Are you over the age of 17 (minimum accepting age)? Yes No

One of the following is Mandatory for your student file:

Please select: Official High School Transcript ___

GED (Official Certificate with score) ___

Have you ever been diagnosed with a learning disability or while in school have you ever been assigned an IEP or 504 plans: Yes No

*This does not determine acceptance but allows us to provide as much help to every student possible.

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