Application for Nurse Aide Training Program

A complete application submission includes:

1. The application form, properly completed
2. Official transcripts of all academic work, including high school
3. Official Criminal History Record Information (CHRI)
4. Complete medical history report
5. Interview and pretest
6. A $25 check or money order, made payable to: Marywood University. This application fee is non-refundable and used toward the CHRI background check. *(CHRI results used for internal purposes only).*

Marywood University
2300 Adams Avenue
Scranton, PA 18509
570-348-6211
www.marywood.edu

Date Rec'd
Method of Payment
Entered by

Personal Data

Social Security Number ___ - __ - ____

❑ Mr. ❑ Fr. ❑ Rev. ❑ Dr. ❑ Ms. ❑ Mrs. ❑ Sr.

Last Name | Maiden Name | First | Middle Initial

Preferred Mailing Address: Street | City | State | Zip

Permanent Mailing Address: Street | City | State | Zip

( ) Telephone | ( ) Cell Phone | ( ) Work Phone

E-mail Address

Current Place of Employment | Occupation

Employer Address | City | State | Zip

Country of Citizenship | Native Language

How long have you lived at your current address? _____ Years
(If less than two years, list previous address)

Street | City | State | Zip

If not a US citizen, please indicate status. Check one:

❑ Visa: _____
Type | Visa Number

❑ Visa Requested: _____
Type

❑ Lawful Permanent Resident (green card)

Marywood University, in accordance with applicable provisions of federal law, does not discriminate on grounds of race, color, national origin, sex, age, or disability in the administration of any of its educational programs or activities, including admission, or with respect to employment. Inquiries should be directed to Dr. Patricia Dunleavy, Assistant Vice President for Human Resources, Coordinator for Act 504 and Title IX, Marywood University, Scranton, PA 18509-1598. Phone: (570) 348-6220 or e-mail: dunleavy@marywood.edu.

Educational Data

High School from which you will graduate or have graduated

School Name | Address | City | State | Zip

( ) School Phone | Graduation Date

Name as it appears on high school diploma or GED:

❑ General Equivalency Diploma Date Received (mm/dd/yyyy)

Have you applied to Marywood University before? ❑ No ❑ Yes If yes, under what surname?

List any college(s), vocational school(s), or previous training program(s) you have attended along with the year you attended.

1 Name of Institution | Year Attended

2 Name of Institution | Year Attended

3 Name of Institution | Year Attended

I understand that Marywood University reserves the right to refuse admission and matriculation to any applicant who falsifies information on this application or who, in the school's judgement, is not qualified. Similarly, Marywood University reserves the right to require withdrawal of any student, any time, for any reason deemed sufficient under the rules and traditional practices of the University.

Signature | Date

Ethnic Identification *(Optional)*

The following survey information is requested for statistical purposefully, is voluntary, and will in no way affect any admission decision. The information you provide will be treated confidentially.

Date of Birth (mm/dd/yyyy) ❑ Male ❑ Female

Ethnicity:
❑ Hispanic or Latino
❑ Not Hispanic or Latino

Please mark all that apply:

❑ White
❑ American Indian or Alaskan Native
❑ Black, or African American
❑ Native Hawaiian or Pacific Islander
❑ Asian
❑ Other: _____

Students with Disabilities *(Optional)*

Students with Disabilities (Optional) **Type of Disability:**

❑ Visual ❑ Learning ❑ Other: _____
❑ Hearing ❑ Mobility Special Needs: _____

Will you send additional materials? ❑ Yes ❑ No