



VOCATIONAL NURSING APPLICATION

Answer **ALL** questions. Submit with **all** required paperwork.

Please be certain you have also applied to Weatherford College at <https://wc.edu/admissions/how-to-apply/index.php>.

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Name:

First Middle Last Maiden Name

Mailing Address:

Number & Street City State Zip

Permanent Address (if different from above) _____

Texas County of Residence _____ Country of Citizenship _____

Social Security # _____ Country of Birth _____

Home Phone: (____) _____ Cell Phone: (____) _____

Weatherford College Student ID#: _____ Personal E-mail address: _____

WC email address: _____

In case of emergency notify:

Name Relationship

Address:

Number and Street City State Zip Phone (____)

Have you ever been arrested, convicted, or received deferred adjudication for a felony/misdemeanor? ___ Yes ___ no

Note: If you pled “nolo contendere, or no contest,” you must answer “yes.”

If you answered “yes” to the above question, you must report charges and disposition to certification or licensing agency in order to determine eligibility for taking certification or licensure examination.

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PROFESSIONAL LICENSES OR CERTIFICATION

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Type Issued By Number Date

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EDUCATION – List ALL Colleges and Universities Attended

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES: FROM/TO	DIPLOMA/ DEGREE OR CERTIFICATE	MAJOR/MINOR
HIGH SCHOOL OR GED				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				

COLLEGE/UNIVERSITY				
TECHNICAL OR OTHER				

** The Weatherford College Registrar's Office must receive official transcript(s) before this application can be processed.

WORK EXPERIENCE

List current or most recent job:

- Name of Company _____
Complete Address _____ Telephone No. () _____
Supervisor's Name _____ Title _____
Dates Employed: From _____ to _____ Nature of Job Duties _____
Starting Salary _____ Final Salary _____ Reason for Leaving _____

FOLLOW UP INFORMATION

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

- | | Name | Complete Mailing Address | Telephone No. |
|----|---------------------|--------------------------|---------------|
| 1. | _____ | _____ | _____ |
| | Email Address _____ | | |
| 2. | _____ | _____ | _____ |
| | Email Address _____ | | |

PLEASE READ AND SIGN THE FOLLOWING

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal from the program.

Signature of Applicant _____
Date

"Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability."

Please include all required paperwork with your application. Incomplete applications will not be accepted. Paperwork that needs to accompany your Health and Human Sciences application is: Accuplacer Test Scores (taken within the last 2 years), High School Transcript/GED, College Transcript (if applicable), Hepatitis B shot series or Hepatitis B Titer.

Email application and attach all required documents in PDF file to vn-email@wc.edu or mail to:

Weatherford College (main campus)
Vocational Nursing Department
Attn: Tammi White
225 College Park Drive
Weatherford, TX 76086
(817) 598-6217 or (800) 287-5471