

WEST VIRGINIA NURSING ACADEMY

STUDENT APPLICATION

A COLLABORATIVE EFFORT SUPPORTED BY THE WEST VIRGINIA CENTER FOR NURSING AND

PURPOSE AND INSTRUCTIONS

ADMISSION REQUIREMENTS

STUDENT INFORMATION

FIRST NAME

MIDDLE INITIAL

LAST NAME

NICKNAME

BIRTH DATE (MM/DD/YYYY)

HOME PHONE NUMBER

CELL PHONE NUMBER

EMAIL ADDRESS

STREET ADDRESS/PO BOX

CITY

STATE

ZIP CODE

COUNTY

SCRUB SIZE (PLEASE SELECT ONE)

MEDICAL PROBLEMS AND/OR MEDICATIONS

SCHOOL INFORMATION

NAME OF SCHOOL CURRENTLY ATTENDING	CURRENT GRADE/CLASS LEVEL IN SCHOOL			
SCHOOL ADDRESS	CITY	STATE	ZIP	COUNTY

CURRENT OVERALL GRADE POINT AVERAGE

EMERGENCY CONTACTS

In case of medical emergency, staff must be able to contact a parent/guardian or other designated emergency contact authorized to approve medical treatment for the student. Please provide current and accurate information and assure that you and/or your back up contact are always available while the student is participating in Nursing Academy activities.

PRIMARY EMERGENCY CONTACT NAME	RELATIONSHIP TO STUDENT	
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STREET ADDRESS, CITY, STATE, ZIPCODE

HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
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SECONDARY EMERGENCY CONTACT NAME	RELATIONSHIP TO STUDENT	
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STREET ADDRESS, CITY, STATE, ZIPCODE

HOME PHONE NUMBER	CELL PHONE NUMBER	WORK PHONE NUMBER
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SCHOOL COUNSELOR/TEACHER CERTIFICATION

SCHOOL COUNSELOR/TEACHER NAME

TITLE

PHONE NUMBER

EMAIL ADDRESS

I CERTIFY THAT THE STUDENT APPLICANT HAS A CURRENT OVERALL GPA OF _____

SIGNATURE

DATE

STUDENT AND PARENT CERTIFICATIONS

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

MEDIA RELEASE

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

COMPLETED APPLICATIONS MUST BE RETURNED BY:

Questions? Contact us at: