

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

SCHOOL COUNSELOR/TEACHER CERTIFICATION

SCHOOL COUNSELOR/TEACHER NAME	TITLE
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PHONE NUMBER	EMAIL ADDRESS
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I CERTIFY THAT THE STUDENT APPLICANT HAS A CURRENT OVERALL GPA OF _____

SIGNATURE	DATE
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STUDENT AND PARENT CERTIFICATIONS

STUDENT SIGNATURE	DATE
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PARENT SIGNATURE	DATE
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MEDIA RELEASE

PARENT SIGNATURE

DATE

STUDENT SIGNATURE

DATE

COMPLETED APPLICATIONS MUST BE RETURNED BY:

Questions? Contact us at: