



# ST. LOUIS COLLEGE of HEALTH CAREERS

www.slchc.com

## APPLICATION FOR ADMISSION

*Please complete all items on both sides of this form, and print legibly in ink.*

**Withholding information requested on this application or giving false information may delay or void admission or result in dismissal following admission.**

### PERSONAL INFORMATION

Name: Last	First	Middle Initial	Maiden	Social Security #
Present Address: Number & Street	City	State	Zip Code	Area Code & Telephone # ( ) -
Date of Birth	Place of Birth	State of Permanent Residence	Alternate Area Code & Telephone # ( ) -	
Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you served or are you now serving in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		E-Mail Address	
		Dates of Service		

### ADMISSIONS INFORMATION

Today's Date (Month-Day-Year)	Applicant Status: <input type="checkbox"/> New Student <input type="checkbox"/> Independent <input type="checkbox"/> Readmission <input type="checkbox"/> Dependent	If a Readmission, date previously applied:	Program in which previously enrolled:
<b>Please indicate program &amp; schedule of interest:</b>			
<input type="checkbox"/> Massage Therapy (Diploma)	<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> Patient Care Technician	<input type="checkbox"/> Practical Nursing
<input type="checkbox"/> Massage Therapy (AOS)	<input type="checkbox"/> Medical Assistant Practitioner (AOS)	<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Professional Medical Billing
	<input type="checkbox"/> Ophthalmic Medical Assistant (AOS)	<input type="checkbox"/> Phlebotomy Technician	
	<input type="checkbox"/> Day Classes	<input type="checkbox"/> Evening Classes	

### EDUCATIONAL INFORMATION

<b>ATTESTATION</b>	Do you have a high school diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Graduation Date: _____
By my signature on the reverse of this application, I declare that I have achieved high school or equivalent graduate status, and the information I am providing on this application is accurate and valid.	Do you have a GED Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Earned: _____

Name of School	City	State	Dates Attended	Diploma/Degree/# of Hours
High School				
College/University				
College/University				
Trade/Technical/Vocational				
Other				

Have you ever been suspended or dismissed from any school or college? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:
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**Please also complete all sections on the back of this application.**

**EMPLOYMENT INFORMATION (this information is utilized to assist graduates pursuing employment opportunities)**

Present or Most Recent Employer	Address & City/State/Zip Code	Area Code & Telephone # ( ) -
Dates of Employment From To	Job Title	Immediate Supervisor

Previous Employer	Address & City/State/Zip Code	Area Code & Telephone # ( ) -
Dates of Employment From To	Job Title	Immediate Supervisor

Previous Employer	Address & City/State/Zip Code	Area Code & Telephone # ( ) -
Dates of Employment From To	Job Title	Immediate Supervisor

**SPECIAL NEEDS INFORMATION**

What means of transportation will you use to get to school?	Personal Auto: Year Make/Model License #
Have you been diagnosed with any physical/mental handicaps or disabilities that may restrict your ability to successfully complete your program or seek employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:
Have you had any illness/disease transmittable to patients or other individuals you may come in contact with in the classroom or clinical area? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:

**EMERGENCY CONTACTS (please provide two separate names & numbers)**

Name	Relationship	Address	Telephone #
Name	Relationship	Address	Telephone #

**STATEMENT OF AGREEMENT**

All information and materials submitted to St. Louis College of Health Careers shall become the property of the College and shall only be disclosed to when deemed necessary for official purposes. The applicant affirms the information contained on the application is complete and true.

- Upon enrollment, you must submit any documents or records required for acceptance into the instructional program you have designated.
- Upon enrollment, you must submit a \$35 enrollment fee prior to meeting with Financial Aid. This fee will be refunded if the applicant is denied admission. An additional fee will be charged for High School Diplomas/Transcripts and GED information that may be required.
- You must sign and date this application.

Concerning the release of information, I hereby give my consent to release to the Admissions Representatives any and all of my previous academic records - including transcripts and diplomas - that may be needed to help determine my enrollment eligibility. I also hereby give my consent to release any and all information regarding my financial records to the Financial Aid Representatives acting in my interest before, during, and after my attendance at St. Louis College of Health Careers.

Furthermore, I hereby give my consent to release my educational records to any sponsoring agencies to which I have applied for funding assistance, as well as my enrollment information to any other agencies with which I am associated for assistance, such as housing, child care, work study, clinical/practicum/externship, etc., and for which I will give prior notification to the College.

Additionally, I hereby give my consent for my parents of record or others that I designate to obtain information pertaining to my educational records at St. Louis College of Health Careers. However, the recipient of this information must present to a school official a written request signed and dated by me that contains my name, social security number, program and start date, as well as the recipient's name, relationship to me and the item to be released, and must display some form of identification.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

St. Louis College of Health Careers adheres to the principle of equal education and employment opportunity without regard to race, sex, age, color, creed, physical or mental handicap, veteran status or national origin. This policy extends to all programs and activities directly supported by the college.