



Personal Information (Required)

Name _____ Social Security No. _____
Legal Last Name Legal First Name Legal Middle Name (Maiden or Alias Names)

Address _____
Street City State Zip Code

Home Phone _____ Work Phone _____ Cell Phone _____

School District of Residence _____ Email _____

Demographic Information is used for statistical purposes only and is not used to determine admission.

Birth Date ____ / ____ / ____ Gender Male Female

Ethnicity Hispanic of any Race American Indian or Alaska Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White Two or More Races Non-Resident Alien Unknown

Have you been a Pennsylvania Resident for the past two years? Yes No

Special Population (Check all that apply)

Economically Disadvantaged Educationally Disadvantaged Limited English Proficiency Disabled Single Parent
Displaced Homemaker Seeking Non-Traditional Training Migrant Worker

Employment Information (Optional)

Present Employer _____ Phone _____

Address _____

Supervisor's Name _____ Employment Dates: From _____ To _____

Job Title _____ Responsibilities _____

Is Employer / Other Funding You? Yes No

How Did You Hear of Us (Check all That Apply)

Radio Television Magazine Brochure Current or Former Student
Internet Search Website High School Job Counselor / Careerlink Event/Tradeshow
Billboard Transit Bus Poster Truck Banner CTC Instructor / Staff Barnstormers Game
Newspaper Friends/Family Employer Social Media Drove By Campus

NURSE AID APPLICATION (Continued)

I certify that the information I have provided is true and correct. I hereby understand that any misrepresentation of information I have provided in this application may result in denial of admission into the program or dismissal from the program. I also understand that if I am dismissed from the program for providing false information, I am responsible for any balance owed to the school at the time of dismissal. I have read and understand the Program Cost break down and School Refund policy as described within the application packet. I understand that I will need to pay a \$100.00 good faith payment to secure my enrollment.

Applicant's Signature

Date

Statement of Nondiscrimination

Lancaster County Career & Technology Center is an equal opportunity education institution and will not discriminate in employment, education programs, or activities on the basis of race, color, religion, ancestry, national origin, sex, sexual orientation, age or disability. This policy of nondiscrimination extends to all other legally protected classifications under state and federal laws. For information regarding the Americans with Disabilities Act (ADA), the rights of an individual with a disability, our obligations under ADA, or grievance procedures, contact the Business Manager and ADA Coordinator, 1730 Hans Herr Drive, PO Box 527, Willow Street, PA 17584-0527. Telephone: (717) 464-7050 For inquiries regarding other nondiscriminatory policies and programs, or for information regarding services, activities, programs and facilities that are accessible to and usable by both disabled persons and national origin minority persons who lack English language skills, contact the Director of Student Services and Coordinator for Title VI, Title IX and Section 504, 1730 Hans Herr Drive, PO Box 527, Willow Street, PA 17584. Telephone: 717-208-3124.