MARION COUNTY SCHOOL OF PRACTICAL NURSING

2697 East Highway 76

Mullins, South Carolina 29574

Phone: (843-423-1941)



Application for Admission (Please print or type)

APPLICANT INFORMATION																	
Last Name	:								First Name								
Present Address																	
City							nty				Stat	State					
Mailing Address																	
City			County	nty				State			Zip						
Home Phone	(Busine		()			Socia	al Secur ber	rity						
Date of Birth		Ger										Ethnic Code					
Email add	Email address:																
Name of:	☐ parent, ☐ guardian, or ☐ spouse Last Name												First Nam				
Address																	
City, State, Zip									()				Busin		())	
Are you presently employed?) [If yes, occupation	n							
Have you ever been arrested?) []	If yes, explain								
Have you e	nvicted of	N	0 [If yes, ex	f yes, explain											
EDUCAT	ION												•			•	
High School								SS									
From	To Did you graduate					? YE	S		NO 🗆	NO Degr							
Higher Education						Ad	ldres	SS									
From	To Did you gradua			graduate	? YE	S [NO 🗌 Degi		ree							
REFERENCES																	
List three names, complete address and telephone numbers of persons <u>OTHER</u> than relatives.																	
Full Name	Relationship																
Address															Phone		
Full Name									Relationship								
Address																Phone	<u>. </u>
Full Name	Relationship																
												Phone	ı				
On the back of this application, please write or attach a paragraph stating why you would like to become a nurse.																	
SIGNATU	URE A	AND D	ISCLAI	MER													
I certify the	at my	answer	rs are true	e and com	plete to t	the bes	st of	my	knowledge	·.							
Signature													Date				

Please include a \$20 NON-REFUNDABLE FEE. Make checks and money orders payable to ACT.