

Schreiner University

LEARNING BY HEARTSM

Vocational Nursing Application

2100 Memorial Blvd., Kerrville, TX 78028-5697

800.343.4919 • 830.792.7217 • Fax: 830.792.7226

\$25 Application Fee

PERSONAL DATA

Name _____
Last First Middle

Preferred Name/Nickname _____ Maiden/Former Last Name _____

Mailing Address _____

City _____ State _____ Zip _____

County of Residence _____ E-mail Address _____

Social Security Number _____ Male Female

Home phone number _____ Cell _____

Are you a U.S. citizen? Yes No If No, country of citizenship _____

Date of Birth _____ Place of Birth _____

If you are a permanent resident alien, supply our office with a copy of your visa front and back. If you are a permanent resident alien what type of visa do you have? Student visa Other visa (please list) _____

Military Status: None Active Retired Veteran

If employed, name of employer _____ Full-time Part-time

Employer Address _____ Work Phone Number _____

ACADEMIC BACKGROUND

Name of High School _____ Graduation Date _____ Public Private

City _____ State _____ Phone _____

SAT Scores: Critical Reading (Verbal) _____ Math _____ Writing _____

ACT Composite _____ Writing _____ TOEFL _____ Scores sent to Schreiner? Yes No

Have you completed any advanced placement tests? Yes No Subject _____ Score _____

GED: Yes No Year Completed _____ Score _____

College/University _____ City/State _____ Dates enrolled _____

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FORMER SCHREINER STUDENTS _____

If you have previously attended Schreiner University, give dates of attendance: _____

ENROLLMENT INFORMATION _____

Semester in which you plan to enroll January May Year _____

Classification First-time freshman Transfer

Housing preference On Campus Commuter

Do you plan to apply for financial aid? Yes No

EMPLOYMENT HISTORY _____

(starting with most current) you may attach a resume if desired.

Employer _____ Work performed _____

Address _____

Dates employed _____ Supervisor _____

Phone _____ Reason for leaving _____

Employer _____ Work performed _____

Address _____

Dates employed _____ Supervisor _____

Phone _____ Reason for leaving _____

Employer _____ Work performed _____

Address _____

Dates employed _____ Supervisor _____

Phone _____ Reason for leaving _____

Employer _____ Work performed _____

Address _____

Dates employed _____ Supervisor _____

Phone _____ Reason for leaving _____

In order for the application process to be complete, we must have the following:

A completed application and a \$25 nonrefundable application fee. The application fee may be paid by check, money order, or credit card.

To pay the \$25 fee by credit card, please complete the following:

Name of credit card holder (please print) _____

Relationship to student _____

Address _____ Zip Code _____

Visa/Mastercard/Discover (circle one) Card Number _____

Expiration Date _____

CERTIFICATION _____

I understand that failure to submit complete official transcripts from all high schools, colleges and universities attended may result in the denial of this application or my subsequent dismissal from Schreiner University. If applicable, I hereby authorize my high school to send the information required for completion of this application to the Schreiner University Admission Office.

I certify that to the best of my knowledge, all statements I have made in this application are complete and true.

Signature of Applicant

Date

Schreiner University subscribes to the principles and laws of the state of Texas and the federal government, including applicable executive orders pertaining to civil rights. All rights, privileges and activities of this institution are made available without regard to race, creed, color, sex or national origin.

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