

# Indiana County Technology Center

## Application for Admission

(724) 349-6700 Ext. 217 • www.ictc.edu



Date of Application: \_\_\_/\_\_\_/\_\_\_

<input type="checkbox"/> Updated						Applicant Information								
Last Name:				First:				Middle:						
Previous Name (if any):														
Social Security Number:						State of Permanent Residence:								
Street Address:								Apartment/Unit #:						
City:				State:		ZIP:		County:						
Home Phone:				Cell Phone:				Work Phone:						
Email Address:														
What factors contributed to your decision to apply to the Indiana County Technology Center? (Check all that are applicable)														
<input type="checkbox"/> Family/Friends			<input type="checkbox"/> Current ICTC Student			<input type="checkbox"/> ICTC Alumni			<input type="checkbox"/> Career Fair			<input type="checkbox"/> Advertisement		
<input type="checkbox"/> Guidance Counselor			<input type="checkbox"/> Tour of Facility			<input type="checkbox"/> Meeting with ICTC Rep			<input type="checkbox"/> Word of Mouth			<input type="checkbox"/> Other: _____		

Program Selection & Eligibility							
Program Selection: _____				Preferred Start Date: _____			
Applying As:		<input type="checkbox"/> New Student		<input type="checkbox"/> Returning Student		<input type="checkbox"/> Transfer Student	
Have you previously applied for admission to the ICTC?		<input type="checkbox"/> No		<input type="checkbox"/> Yes		If yes, what program?: _____	
Did you graduate from the ICTC as a secondary student?		<input type="checkbox"/> No		<input type="checkbox"/> Yes		If yes, what year did you graduate?: _____	

Education Information				
Type of Institution	Name and Location of School	Start Date	End Date	Credentials Earned
High School		--/----	--/----	
Second High School <b>or</b> Vocational-Technical School		--/----	--/----	
College or University		--/----	--/----	
		--/----	--/----	
Business or Trade School		--/----	--/----	
Other Specialized Training		--/----	--/----	

Employment Information				
Start Date	End Date	Employer Name	Title of Position	City and State

### Financial Information

Will you be requesting Financial Aid to cover your program costs?

Yes

No

In order to be considered for Federal Financial Aid, including grants and loans, you must complete the Free Application for Federal Student Aid (FAFSA) - Available at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). **The ICTC's Federal Title IV Code is 023502.**

**PLEASE NOTE: When completing your FAFSA in preparation to attend the ICTC, you should indicate that you are working on a certificate or diploma program of less than 2 years, and that your Grade Level is 1st year Undergraduate.**

Will you receive benefits for educational costs from any of the following agencies?:

Office of Vocational Rehabilitation (OVR)

Veteran's Benefits (eligible programs only)

Workforce Investment Act / Career Track (WIA)

Scholarship: \_\_\_\_\_

Trade Adjustment Assistance (TAA)

Other: \_\_\_\_\_

**Please contact the ICTC Office of Financial Aid at (724) 349-6700 ext. 160 with questions regarding financial aid.**

### NOTICE

There may be program specific requirements in addition to those outlined on this application. Any such requirements must be completed prior to your application being processed. ICTC staff will notify you of any additional requirements at the time the application is submitted.

### Signature and Certification

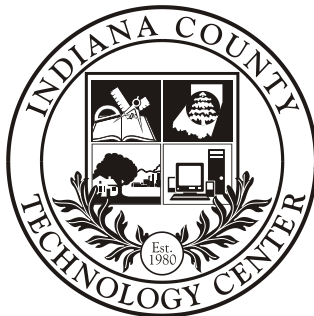
I hereby authorize the ICTC or its agents to verify all statements contained in this application to the extent permitted by federal, state or local law. I release all parties from any liability arising out of this provision and the use of such information. I certify that all the information contained in this application is true and correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information on this form relating to my application of admission to the ICTC may result in denial of my admission or, if enrolled, my immediate dismissal. I understand that this application is valid for one calendar year after the date paid, and that if I do not enroll within one year of completing this application I will be required to submit a new application and supporting documents. I also understand that this application will be processed until submit the **non-refundable \$30 application fee using cash, credit card, cashier's check, money order, or personal check**. I further understand that program specific requirements, if applicable, must be completed before the ICTC will process my application.

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

The Indiana County Technology Center is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex, handicap, or age in its activities, programs, or employment practices in accordance with federal and state statutes and regulations. For more information regarding civil rights, grievance procedures, services, activities, and facilities that are accessible to and usable by handicapped persons, contact the Title IX and Section 504 Coordinator at ICTC, 441 Hamill Road, Indiana, PA 15701, (724) 349-6700 between the hours of 7:45 a.m. and 3:45 p.m.

The ICTC is accredited for public postsecondary education under the authority of the Pennsylvania State Board for Vocational Education, under the Pennsylvania Department of Education located at 333 Market Street, Harrisburg, PA 17126, (717) 783-6860.



# Indiana County Technology Center

441 Hamill Road Indiana, PA 15701 • (724) 349-6700 Ext. 217 • [www.ictc.edu](http://www.ictc.edu)

# Indiana County Technology Center

## School of Practical Nursing

724-349-6700 Ext. 217 • www.ictc.edu



### Please Complete!

#### Student Information

Last Name: \_\_\_\_\_

First: \_\_\_\_\_

M.I.: \_\_\_\_\_

#### Application Information Part 2

If you cannot be reached at the address/phone(s) on the previous page, where may we contact you?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Employer Name \_\_\_\_\_ Address \_\_\_\_\_

US Citizen \_\_\_Yes \_\_\_No

Military Service \_\_\_ Yes \_\_\_No

When do you desire to enter this School? Fall 20\_\_ Full-Time - Indiana Campus Only \_\_\_ Part-Time - Steel Center Satellite Only\_\_\_

Part-Time - Connellsville CTC Satellite Only\_\_\_

Have you ever been convicted\* of a summary offense? \_\_\_Yes \_\_\_No

Have you ever been convicted\* of any felony or misdemeanor? \_\_\_Yes \_\_\_No

Do you have any criminal charges pending or unresolved in any court? \_\_\_Yes \_\_\_No

Have you ever been convicted\* of any crime associated with alcohol or drugs in any court? \_\_\_Yes \_\_\_No

Have you ever been convicted\* of any crime associated with sexual misconduct in any court? \_\_\_Yes \_\_\_No

*Excerpts from the Pennsylvania Nurse Practical Act for Practical Nurses: (Act 110)*

*The State Board shall not issue a license or certificate to an applicant who has been convicted of a felonious act prohibited by the Controlled Substance, Drug, Device and Cosmetic Act, or convicted of a felony related to a controlled substance in court of law of the United States or any other State, Territory, or Country unless: 1. at least ten (10) years have elapsed since the date of conviction; 2. the application satisfactorily demonstrates significant progress in rehabilitation since the conviction and the licensure of the applicant should not be expected to create a substantial risk or harm to the health and safety of patients or the public; 3. the applicant, otherwise satisfies the qualifications contained in, or authorized by, the act. (Convicted shall include a judgment, and admission of guilt or a plea Nolo Contendere).*

If you were enrolled in Postsecondary Education and did not complete, state reason: \_\_\_\_\_

Have you ever taken college entrance examinations? \_\_\_Yes \_\_\_ No Which one(s)? \_\_\_\_\_ Date(s) \_\_\_\_\_

Have you ever been accepted or attended another school of nursing or college? \_\_\_ Yes \_\_\_ No If yes, provide name \_\_\_\_\_

Have you previously applied for admission to this School? \_\_\_Yes \_\_\_ No Date \_\_\_\_\_

Are you prepared to meet the expenses of the program in this School? \_\_\_Yes \_\_\_No

Will you be requesting financial assistance? \_\_\_Yes \_\_\_No

*An official transcript from all schools listed must be sent to the School to which you are applying in order to complete the application process. It is the responsibility of the applicant to notify the school(s) and see that official transcripts are sent.*

#### **Mandatory essay to be submitted with paperwork:**

**On this form or on a separate piece of paper, please provide a brief account of: (1) Any experiences, activities or accomplishments that have fostered your personal growth and prepared you for a role in nursing; (2) Your reasons for selecting nursing as a career; and (3) What influenced you to select Indiana County Technology Center School of Practical Nursing.**