

Admission Application for Nursing Programs
Western Nebraska Community College
Practical Nursing Program (PN) - Scottsbluff, Sidney, Alliance
(Application is valid only for the year indicated on the Letter of Intent)

Please print legibly

Legal Name:

Last	First	Middle
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Other name(s) on academic records:

Last	First	Middle
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Date of birth: _____

Mailing Address:

Street	City	State	Zip
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Telephone: (____) _____ E-mail Address: _____

Emergency contact: _____ Phone: (____) _____

List the high school you last attended:

High School, GED or Home School	City	State	Grad Date
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List all colleges and/or vocational-technical schools previously attended or currently attending.

School	Degree/Certificate
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School	Degree/Certificate
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School	Degree/Certificate
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To the best of my knowledge the information on this form is true and correct. I hereby agree to conform to all regulations in effect during my residence as a student.

Signature: _____ Date: _____

Completed Application can be submitted by email to: lehmkuh7@wncc.edu or mail to:

Western Nebraska Community College
Attention: Nursing Department
2620 College Park, Scottsbluff NE 69361

For questions please call the Health Sciences Division at 308-635-6060.