

**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
Other name(s) on academic records:		

Last	First	Middle
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](mailto: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.