

York County School of Technology



Adult Nursing Education Program
2179 S. Queen Street York, PA 17402
www.ytech.edu/adulted

APPLICATION FOR ADMISSION

Nursing Application must be completed prior to Pre entrance exams (Please Print)

Office Use Only rev. 9/2/16

Date Received: _____

FA Eligible? Yes _____ No _____

Start date: _____

Application receipt number

Program _____

Date: _____

- Practical Nursing (please circle one) January July
 Nurse Aid Program (please circle one): Day Evening

Have you had any previous Nursing experience? Yes _____ No _____

If yes, please explain where you have/had the experience: _____

Name and Mailing Address

Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____ State _____ Zip _____

Contact Number (____) _____ - _____ Email Address _____

(Upon enrollment, all students must provide a working email address.)

Residency

Indicate your school district, county and state of permanent residence. *You must alert YCST if your residency changes.*

School District of Residence _____ County of Residence _____ State of Residence _____

How long have you resided in the State of Pennsylvania? _____ Years _____ Month(s)

PAYMENT INFORMATION

Please note that payment arrangements must be made prior to your first night of class

I will be paying my tuition via the following sources (check all that apply):

Private Pay/YCST Payment Plan

I will be applying for Financial Aid (FAFSA)

I will be applying for Alternative Loans

Pell Grant Loan

I am currently seeking / approved for funding through an outside agency (OVR, Trade, WIOA, etc.)

Name of Agency: _____

Contact/Counselor Name: _____

My company is paying my tuition

Company Name: _____

Company Contact: _____

Veteran Funding (Specify Type): _____

Other: _____

