



# **BLADEN COMMUNITY COLLEGE**

## **APPLICATION FOR NURSING PROGRAMS ONLY**

**PLEASE COMPLETE AND TURN IN WITH NURSING ENTRANCE TEST (TEAS)**

Bladen Community College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4497: Telephone number 404-679-4501) to award Associate Degrees, diplomas, and certificates.

### PERSONAL INFORMATION

/ /	/ /
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SOCIAL SECURITY NUMBER

NAME Last First Middle/Former

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Mailing Address City or Town State Zip Code

E-MAIL TELEPHONE BIRTHDATE / /  
Month Day Year

\* SEX Female  Male  \* RACE:  White  Black  American Indian  Hispanic  Asian  Other

\* This information is voluntary and will not be used in a discriminatory manner

EDUCATION: CIRCLE HIGHEST GRADE COMPLETED 0 1 2 3 4 5 6 7 8 9 10 11 12  GED  Adult High School Diploma

COLLEGE:  Post High School Vocational Diploma  Associate Degree  Bachelor's Degree  Master's Degree

In case of emergency, contact: Name Telephone / /

### CURRENT EMPLOYMENT STATUS

- 1- Retired
- 2- Unemployed –not seeking
- 3- Unemployed seeking
- 4- Employed 1-10 hours per week
- 5- Employed 11-20 hours per week
- 6- Employed 21-39 hours per week
- 7- Employed 40 or more hours per week

### LEGAL RESIDENCE

State County

Have you maintained your residence in North Carolina for at least 12 months prior to this application?

Yes  No  No, because of military service.

If no, what date did you move to North Carolina to live and from what state?

Date State

Are you a United States Citizen?  Yes  No

### EDUCATION

High school attended: Name County State Graduation Date

GED/Adult High School attended, if applicable: Name County State Date Received

#### List Colleges previously attended:

College Name Location

College Name Location

College Name Location

OVER

**PLEASE INDICATE MAJOR SELECTION**

ASSOCIATE DEGREE NURSING PROGRAM (ADN)

FIRST CHOICE       SECOND CHOICE       ONLY CHOICE

PRACTICAL NURSING PROGRAM (PN)

FIRST CHOICE       SECOND CHOICE       ONLY CHOICE

TRANSFER PROGRAM      ADN       PN

READMISSION      ADN       PN

\*Are you a Provisional Student?    No       Yes

If **yes**, what prerequisite will you be submitting by the May deadline?

BIO       CHM       NC Nurse Aide I Registry

I certify that the information that I have given on this application is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Bladen Community College. I further agree to allow BCC to publish personal information pertaining to honor rolls, scholarships, news releases, and to use personal information in other publications normally considered to be that of a two-year college. All students enrolling in classes at BCC shall be deemed to have agreed to publication of personal data as indicated above unless a disclaimer is filed with the Records & Registration Office by the 10<sup>th</sup> day of the semester in which initial enrollment is made.

***I have read and understand the criteria and procedures to apply for admission to the Nursing Programs at Bladen Community College.***

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian if applicant is under 18 years of age

\_\_\_\_\_  
Date

*Admission to any and all educational programs offered by Bladen Community College is made without regard to race, creed, sex, religion, age, disability, or national origin.*