

Please print or type.

Date _____ Social Security Number (optional) _____

Name _____ Phone (____) _____
(last) (first) (middle)

Home Address _____
(street or box number) (city) (state) (zip code)

E-mail _____

How did you hear about this program? Check all that apply:

- ☐ Catalog ☐ E-mail ☐ Facebook ☐ Flier in the mail ☐ Newspaper
☐ Website ☐ Employer ☐ Web Search ☐ Other (Please specify): _____

Have you taken classes at Meridian Technology Center before? ☐ Yes ☐ No

If so, which program? _____ What year? _____

Which of the following have you received? (check one) ☐ High School Diploma ☐ GED ☐ Neither

Highest Grade completed in school? (circle one) 8 9 10 11 12

College years completed? (circle one) 0 1 2 3 4

Do you have educational records under any other name? If so, which name? _____

Program Enrollment Request

☐ Practical Nursing ☐ Radiologic Technology

Have you ever applied to another Health Occupation program? ☐ Yes ☐ No

If so, which school? _____ What year? _____

Describe any experience in this area which would help you prepare for enrollment in the program indicated above:

Completion of Career Training Enrollment form and payment of deposit is required to finalize enrollment. Deposits cannot be deferred to financial aid. Tuition will be due the first day of class. **ALL DEPOSITS ARE NON-REFUNDABLE.** Students are responsible for purchasing books and supplies required for their training program. **PLEASE NOTE:** The cost of tuition for out-of-district students will be twice the amount for in-district students. Exceptions to this policy are when Meridian Technology Center has program offerings not available at surrounding technology centers.

NOTE: An official high school transcript or GED score sheet is **required for Practical Nursing**. An official college transcript is **required for Radiologic Technology**, optional for Practical Nursing. Transcript must accompany this application to be eligible for consideration for enrollment. Also, if you attended high school in another country it is your responsibility to officially have your transcript translated into English before submitting application materials. **ALL TRANSCRIPTS SUBMITTED MUST BE OFFICIAL.**

Record of Employment

(Begin with last [or present] employer)

Employer _____

Address _____
(street) (city) (state) (zip code)

Name and title of supervisor _____ Phone (____) _____

Position held _____ From _____ To _____

Reason for terminating employment _____

Employer _____

Address _____
(street) (city) (state) (zip code)

Name and title of supervisor _____ Phone (____) _____

Position held _____ From _____ To _____

Reason for terminating employment _____

Employer _____

Address _____
(street) (city) (state) (zip code)

Name and title of supervisor _____ Phone (____) _____

Position held _____ From _____ To _____

Reason for terminating employment _____

References

Give names and complete contact information including addresses and telephone numbers of three persons—not friends or relatives—who know you and can give information about you. References that should be used include current employer(s), past employer(s), and/or teachers and school counselors.

1. Name _____ Position/Title _____

Address _____
(street) (city) (state) (zip code)

Phone (____) _____

2. Name _____ Position/Title _____

Address _____
(street) (city) (state) (zip code)

Phone (____) _____

3. Name _____ Position/Title _____

Address _____
(street) (city) (state) (zip code)

Phone (____) _____

I hereby give permission to Meridian Technology Center to obtain references from employers or other individuals who would have relevant information regarding my past school work and/or employment and my application to this program.

I verify that all information given in this application is true and accurate to the best of my knowledge.

It is also understood that if I have pled guilty or been convicted of a felony, a gross misdemeanor, misdemeanor, or military court martial, or received disciplinary actions by a regulatory authority or certification board, or received disciplinary action from an educational program, I may not be eligible to participate in clinical rotations or apply for certification or licensure in the practical nursing or radiologic technology profession.

Signature of Applicant

Date

Meridian Technology Center will not discriminate in its programs, services, activities or employment because of race, color, sex, pregnancy, gender, gender expression or identity, national origin, religion, disability, veteran status, sexual orientation, age, or genetic information in its programs, services, activities and employment.