

DELAWARE COUNTY TECHNICAL HIGH SCHOOLS



PRACTICAL NURSING PROGRAM

DCIU MARPLE EDUCATION CENTER
85 N. Malin Road, Broomall, PA 19008
484-423-7003
Fax: 484-424-0411



Complete this application and return it promptly to the school with a two hundred and sixty (260.00) dollar **non-refundable** money order made payable to **'D.C.T.S. Practical Nursing Program.'** You may also pay by credit card on LPN website. This application fee is **non-refundable**. Personal checks are not accepted. **(Please Print.)**

Class No. _____ **Please circle enrollment month:** February or September

PERSONAL INFORMATION

Date of Application _____ Date of Birth _____

E-mail address _____

Name _____

Last
First
Middle

Address _____

Number Street
City
State
Zip Code

School District _____

Personal Telephone # _____ Emergency Telephone # _____

EDUCATION – Please contact your High School, College, or any other institution/school that you have attended and request an official transcript to be **sent directly to the Practical Nursing Program.**

Foreign students must obtain a *Certificate of Preliminary Education* from the PA Department of Education. This process can take up to 6 to 8 weeks. Please provide an official copy of your *GED*, if applicable. If you do not have a Pennsylvania GED, you must obtain a Certificate of Preliminary Education from the PA Department of Education. This process can take up to 6 to 8 weeks.

Type	Name of School	Location (city/state/country)	Dates Attended	Did you graduate?	Diploma/Degree /Credits Earned
High School					
College					
Nursing Program					

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Other					
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PREVIOUS FINANCIAL AID: If you have ever received financial aid for post-secondary education, please specify type, school and date:

EMPLOYMENT HISTORY - List full and part time work experience during the last five (5) years.

Employer (Name and Address)	Dates of Employment	Name and Title of Supervisor

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