



Schuylkill Technology Center Practical Nursing Program
High School Student Tuition Credit Application

Personal Information

Name: _____
Last Name First Name MI

Address: _____
Street Address City Zip code

SSN: _____ Phone: _____

Employment Information (most recent)

Name of Employer: _____

Address: _____

Position: _____ Employment Dates _____

Extracurricular Activities:

List of Public and or Community Services:

In the space provided, tell us about experiences that have influenced your decision to pursue a career in nursing and how these experiences will help you in this career choice.