

Holly Springs Career & Technical Center
410 East Falconer Avenue
Holly Springs, MS 38635

Cravin Turnage, Director
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CNA ADMISSIONS APPLICATION

PERSONAL INFORMATION:

Date _____

Name _____
(Last) (First) (Middle Initial) Male Female

Preferred Name _____

Date of Birth _____ E-Mail _____

Marital Status _____
(single, married, divorced, widow, etc.)

PERMANENT ADDRESS

(Street Address) (Apt)

(City) (State) (County) (Zip Code)

(_____) _____ Cell Home (_____) _____
Phone Number Alterniate Phone Number

Please provide your current mailing address if different from above

CURRENT MAILING ADDRESS

(Street Address) (Apt)

(City) (State) (County) (Zip Code)

CITIZENSHIP

Place of Birth _____
(City/Town) (State) (Country)

U.S. Citizen

U. S. Permanent Resident visa; citizen of _____
Alien Registration Number _____

Other Citizenship
Visa _____

ETHNICITY

Race/Ethnicity information is optional. Information you provide will not be used in a discriminatory manner.

Are you Hispanic or Latino? Yes No (country of family's origin _____)

How would you describe your racial background?

- Asian (country of family's origin _____) Caucasian
 Native Hawaiian or Other Pacific Islander American Indian or Alaska Native (enrolled Tribal Affiliation _____)
 Black or African American

EMERGENCY CONTACT INFORMATION

In case of emergency, please contact

Name Phone Number Relationship to You

Address City State Zip Code

EMPLOYMENT INFORMATION

Profession _____

Employer _____

ACADEMIC INFORMATION

College Attended (if any) _____

High School Graduate?

Yes No

GED Recipient?

Yes No

Date of Graduation _____

Date GED Received _____

ACTIVITY INFORMATION

Please describe any extracurricular, or volunteer activities in which you were involved (100-150 words). If you need more space, please attach your response to the end of the application.

PERSONAL STATEMENT

Please write an essay (100-250 words) that describe the reason you chose Nursing as a career. Please include your 3, 5, and 10 year professional goals in your response as well as particular event, or person that inspired you to pursue a degree or certification in Nursing.

ACKNOWLEDGEMENT

I acknowledge that all information I have provided in this application is true to the best of my knowledge and ability.

Printed Name

Signature

Date