



Please fill out form, print, sign and return by email to:  
fgrace@rstc.edu

or by physical mail:  
Reid State Technical College  
ATTN: Felicia Grace - NA Program  
PO BOX 588  
Evergreen, AL. 36401

**APPLICATION FOR THE NURSING ASSISTANT PROGRAM**

Social Security Number: \_\_\_\_\_ Student Number: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ County: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cellphone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month/Day/Year) (City/State)

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High School from which you graduated: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

If you did not graduate, did you receive a GED? Yes

No ; if yes, year received: \_\_\_\_\_

**Citizenship:** Are you a U.S. Resident? Yes

No ; if no, specify: \_\_\_\_\_

**Residency:** (Please check the appropriate box)

\_\_\_\_\_ I affirm that I am an Alabama resident for at least the previous twelve months.

\_\_\_\_\_ I am not a legal resident of Alabama.

(Optional)- This data is used only for data collection purposes

Sex: Male Female

Ethnicity: African American Caucasian Hispanic Asian/Pacific

American Indian/Alaskan Other: \_\_\_\_\_

Person to be contacted in case of emergency: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_