

**Chester Career College**  
 751 West Hundred Road, RT 10  
 Chester, VA 23836  
 (804) 751-9191 FAX (804) 751-2599

OFFICE USE ONLY	
Start Date _____	
Adm Code _____	

**Application for Admission**

I hereby apply for enrollment in accordance with the terms and regulations of CCC. I acknowledge that I am responsible for an application fee of **\$25.00** for all programs. I understand that this fee is non-refundable.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State   Zip

Place of Birth \_\_\_\_\_ Date of Birth

Social Security Number

Have you ever been convicted of a crime? Yes  No   
 Have you ever had a Student Loan? Yes  No  If yes, what is the status of the loan? \_\_\_\_\_

**Employment:**

Are you currently employed Yes  No   
 Company Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Position \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
 Does your company offer tuition reimbursement?  Yes  No

**Education:**

Name of High School/G.E.D. \_\_\_\_\_ Date Graduated \_\_\_\_\_  
 High School/G.E.D Address \_\_\_\_\_  
 College \_\_\_\_\_ Date Graduated \_\_\_\_\_ Major \_\_\_\_\_  
 College Address \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

**Program Interest:**

What program are you interested in pursuing:

<input type="checkbox"/> Practical Nursing	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	
<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	When do you want to start ? _____
<input type="checkbox"/> Medical Assistant	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	
<input type="checkbox"/> Surgical Technology	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	
<input type="checkbox"/> Cosmetology	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	
<input type="checkbox"/> Massage Therapy	<input type="checkbox"/> A.M.	<input type="checkbox"/> P.M.	

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_