

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

<b>OFFICE USE ONLY</b>
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:  
 Practical Nursing  A.M.  P.M.  
 Pharmacy Technician  A.M.  P.M.  
 Medical Assistant  A.M.  P.M.  
 Surgical Technology  A.M.  P.M.  
 Nurse Aide  A.M.  P.M.  
 Massage Therapy  A.M.  P.M.  
 When do you want to start ? \_\_\_\_\_

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