

Application Form
Bolivar Technical College
1135 N. Oakland
Bolivar, MO 65613
Ph: 417-777-5062 Fax: 417-777-8908
Email: info@bolivarcollege.edu

NOTE: Please complete the application and submit with \$50.00 non-refundable application fee. Admission to the college does not guarantee matriculation into a program.

GENERAL INFORMATION

Name: _____
(Mr./Mrs./Ms) (Last) (First) (Middle) (Maiden)

Physical Address: _____
(Street) (City) (State) (Zip)

Mailing Address: _____
(if different from above) (City) (State) (Zip)

County: _____ Date of Birth: ____/____/____ Sex: M ____ F ____

Daytime Phone: _____ Alternate phone contact: _____
(Home/work/cell) (Home/work/cell)

- I ACCEPT to have BTC contact me via text message for testing and/or admission reminders.
- I DECLINE to have BTC contact me via text message for testing and/or admission reminders.

Driver's License Number: _____ Social Security Number: _____

E-mail address: _____

Please select how you prefer to be contacted:

- Phone Text Email Facebook Message Regular Mail

Please select how you have heard about BTC: (select all that apply)

- I attended BTC Billboard YouTube TV/Radio Recommended by: (circle) Coworker/ friend/ family member
- Facebook/Instagram/LinkedIn post College/Career Fair Search engine suggestion

PROGRAM

Please indicate for which program you are applying:

- Professional Nursing
- RN to BSN Completion
- Practical Nursing

Please indicate what year/semester you would like to begin classes? Year _____ Fall Spring Summer

ACADEMIC INFORMATION

High school last attended: _____
(Name of School) (City) (State)

Year graduated: _____ or GED received: _____

Do you want any post secondary transcripts evaluated for transfer of credit? Yes No

Please list ALL post-secondary institutions you have attended: (Attach additional sheet if necessary)

Name of institution	City/State	Dates attended

Have you been awarded a bachelor's degree or higher? Yes No

Why have you chosen this career? _____

Plans after graduation? _____

Have you ever been enrolled in a similar program at another school? When and Where?

Have you ever been licensed as a nurse (LPN or RN)? Yes No

Which state(s): _____

Are you currently employed? Yes No Position _____

Business name: _____ Telephone _____

Have you ever been convicted of a felony? Yes No If yes, when: _____

APPLICANT VERIFICATION

I verify that the information that I have provided is complete and correct to the best of my knowledge. I understand that any falsification or omission of facts requested could be cause for disqualification of the application process or dismissal from the school.

Applicant signature

Date

Signature (if under 18, a parent or legal guardian must sign)

Date

This school does not discriminate on the basis of age, sex, marital status, ethnic or national background, religion, or disability when admitting students to the college.