

**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: \_\_\_\_\_ Legal State of Residence \_\_\_\_\_ Legal Residence Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_ E-mail address: \_\_\_\_\_

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: \_\_\_\_\_

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  **Choose one:** 3-semester track  4-semester track

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.