

INFORMATION WILL NOT BE USED IN A DISCRIMINATORY MANNER; FOR RECORD KEEPING PURPOSES ONLY.

VOLUNTARY STATISTICAL INFORMATION

THIS INFORMATION IS OPTIONAL AND USED FOR STATISTICAL PURPOSES ONLY. THE DATA IS REPORTED TO SOUTHSIDE REGIONAL MEDICAL CENTER SCHOOL OF NURSING IT DOES NOT AFFECT YOUR ELIGIBILITY FOR ADMISSION.

- Birth Date: _____/_____/_____
- Male
- Female
- Predominant Ethnic Background
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or Other Pacific Islander
 - White
 - Hispanic or Latino
- Marital Status
 - Single
 - Married
 - Separated
 - Divorced
 - Widowed
- Number of children _____
- Ages of children _____
- Are you head of the household?
 YES NO
- Do you planned to be employed while enrolled in the Program?
 YES NO
- If yes, which one?
 FULL TIME PART TIME

Residency Status

An applicant who is not a US Citizen by birth, must provide immigration or citizenship documentation.
Citizenship: (Check One) US Citizen Permanent Resident Non-US Citizen

If US citizen, complete the following:

Country _____

Legal Alien Card Number _____

Issue Date _____

Non Immigrant Visa Type _____

Issue Type _____

Do you speak English at home? YES NO

Parent Education Level:

Has either of your parents completed a four year degree? Yes No