

Application for Admission

Contact & General Information

Full Name: _____

Address, City, State, Zip: _____

Contact Phone: _____

Secondary Phone: _____

Email: _____

Date of Birth: _____

Social Security #: _____

U.S. Citizen?: Yes No

Veteran Status: _____

If no, what citizenship?: _____

Visa type?: _____

Visa #?: _____

Emergency Contact:

Name: _____

Phone: _____

Relationship to Student: _____

How did you hear about Athena Career Academy?

Employment Guide

Commercial

Internet

Alumni

Student

Driving By

Word of Mouth

Other _____

For which program are you applying?:

Practical Nursing

Medical Billing & Coding Specialist

Clinical Nursing Assistant Nursing Assistant

In which quarter would you like to start the program?

Spring (April)

Summer (July)

Fall (October)

Winter (January)

Parent Information

Please complete this section if you are under 25 years of age.

Father's Information

Name:

Address, City, State, Zip:

Contact Phone:

Employer Information:

Level of Education:

- High School Some College Associate's/Technical Degree
 Bachelor's Degree Graduate Work Other (please specify) _____

Mother's Information

Name:

Address, City, State, Zip:

Contact Phone:

Employer Information:

Level of Education:

- High School Some College Associate's/Technical Degree
 Bachelor's Degree Graduate Work Other (please specify) _____

Academic Information

Please have a copy of all secondary and post-secondary transcripts sent to:
Athena Career Academy
5203 Airport Highway
Toledo, OH 43615

Secondary education:

High School Graduate

High School Name & Location:

GED Recipient Date of GED:

Post-secondary education:

Do you have any post-secondary certifications/degrees?: Yes No

Name of School:

Location:

Name of Program/Major:

Courses Taken:

Reason for Leaving:

Dates Attended:

Name of School:

Location:

Name of Program/Major:

Courses Taken:

Reason for Leaving:

Dates Attended:

Name of School:

Location:

Name of Program/Major:

Courses Taken:

Reason for Leaving:

Dates Attended

Employment Information

Current Employer: _____ Phone: _____

Full Address: _____

Dates: _____ May we contact? Yes No

Previous Employer: _____ Phone: _____

Full Address: _____

Dates: _____ May we contact? Yes No

Previous Employer: _____ Phone: _____

Full Address: _____

Dates: _____ May we contact? Yes No

Previous Employer: _____ Phone: _____

Full Address: _____

Dates: _____ May we contact? Yes No

Applicant Information

The information contained in this section is **not used for admission purposes**, but is used for statistical reporting to state and federal agencies.

Gender:

Male Female

Marital Status:

Single Married Separated/Divorced

Age:

Under 18 18-25 26-35 36-55 55+

Household Income:

Under \$9,999 \$10,000-\$24,999 \$25,000-\$34,999 \$35,000+

Employment Status:

Employed Full-Time Employed Part-Time Unemployed

Family Size:

Number of people in your household: _____

Number of children: _____

Have you even been convicted of a criminal offense other than a minor traffic violation or are there such criminal charges pending against you?: Yes No

Applicants must obtain a current FBI and BCI background check prior to program acceptance. All applications are also required to obtain a drug screening and physical prior to program acceptance.

Do you have any conditions that limit your ability to perform the functions of a practical nursing student?: Yes No

If you have any questions the please call Athena Career Academy at 419-472-1150 or email info@athenacareers.edu. You may also mail your completed application to:

Athena Career Academy
5203 Airport Highway
Toledo, OH 43615

By signing this application you agree and affirm that:

1. All information that I have provided is correct and complete.
 2. I understand that any misrepresentation of facts on this application could be cause for denial of admission or dismissal from Athena Career Academy if discovered after I matriculate.
 3. If I am accepted by Athena Career Academy I understand that I will be expected to abide by all school regulations and rules.
 4. Athena Career Academy representatives have my permission to release my name and financial information for scholarship nomination and recognition.
 5. I authorize any schools or colleges I have previously attended to release personal and academic information to Athena Career Academy.
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Athena Career Academy, in accordance with Title VI of the Civil Rights Act of 1964, operates in a non-discriminatory manner with regard to race, color, age, or national origin. Furthermore, as required by Title IX of the 1972 Education Amendments, Athena Career Academy does not discriminate on the basis of race, color creed, sex, age, religion, national origin, sexual orientation, disability, pregnancy, or military status in its education programs, activities, or employment policies. Athena Career Academy also provides equal opportunity to qualified disabled persons in accordance with the requirements of the Americans with Disabilities Act.

Applicant's Signature:

Date:
