



# HEALTH AND HUMAN SCIENCES APPLICATION

Answer ALL questions. Send the completed application and all required documentation to the Main Campus in Weatherford.

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**SPECIALTY FOR WHICH APPLICATION IS MADE:**

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- Associate Degree Nursing  -Fall Class  -Spring Class – Main Campus Weatherford
- Associate Degree Nursing  -Fall Class – Wise County Campus Bridgeport
- Associate Degree Nursing Weekend/Evening Program  - Fall Class - Main Campus Weatherford
- Associate Degree Nursing Weekend/Evening Program  - Fall Class - Wise County Campus Bridgeport
- Diagnostic Medical Sonography – Main Campus Weatherford
  - General Sonography AAS Program (Abdomen, OB-GYN, Vascular)
  - Cardiovascular Sonography AAS Program (Adult Echocardiography, Vascular)
    - Echocardiography Certificate – Main Campus Weatherford
    - Vascular Technology Certificate – Main Campus Weatherford
- Human Service Provider  A.A.S. – Main Campus Weatherford
- LVN-RN Transition–  - Summer Class - Main Campus Weatherford
- LVN-RN Transition–  - Spring Class - Wise County Campus Bridgeport
- Occupational Therapy Assistant – Main Campus Weatherford
- Phlebotomy Technology  -Fall Class  -Spring Class  -Summer Class– Main Campus Weatherford
- Physical Therapist Assistant – Main Campus Weatherford
- Radiology Technology– Main Campus Weatherford
  - CT Certificate – Main Campus Weatherford
  - Mammography Certificate – Main Campus Weatherford
- Respiratory Care– Main Campus Weatherford
- Substance Abuse Counseling  Certificate– Main Campus Weatherford
- Vocational Nursing  Fall Class - Main Campus Weatherford

NAME

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Maiden Name \_\_\_\_\_

MAILING ADDRESS

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address (if different from above) \_\_\_\_\_

Texas County of Residence \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Last Four Digits of Your Social Security #: \_\_\_\_\_ Country of Birth \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Weatherford College Student ID#: \_\_\_\_\_ Weatherford College Student Email: \_\_\_\_\_

Your Personal Email Address: \_\_\_\_\_

In case of emergency notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Address:

Number & Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Have you ever been arrested, convicted, or received deferred adjudication for a felony/misdemeanor?    YES    NO**

**Note: If you pled “nolo contendere, or no contest,” you must answer “yes.”**

If you answered “yes” to the above question, you must report charges and disposition to certification or licensing agency in order to determine eligibility for taking certification or licensure examination.

**PROFESSIONAL LICENSES OR CERTIFICATION**

Type	Issued By	Number	Date
_____	_____	_____	_____
_____	_____	_____	_____

**EDUCATION - List ALL Colleges and Universities Attended**

NAME OF SCHOOL	LOCATION OF SCHOOL	DATES: FROM/TO	DIPLOMA/ DEGREE OR CERTIFICAT	MAJOR/MINOR
HIGH SCHOOL OR GED				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TECHNICAL OR OTHER				

**\*\* The Weatherford College Registrar's Office must receive official transcript(s) before this application can be processed.**

**WORK EXPERIENCE**
**List current or most recent job:**

- Name of Company \_\_\_\_\_  
 Complete Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_ Title \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ to \_\_\_\_\_ Nature of Job Duties \_\_\_\_\_  
 Starting Salary \_\_\_\_\_ Final Salary \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**FOLLOW UP INFORMATION**

It is important that we do a follow-up study of our students. Please provide the following information about two (2) people who will always know where to locate you.

- |             |                                 |                      |
|-------------|---------------------------------|----------------------|
| <b>Name</b> | <b>Complete Mailing Address</b> | <b>Telephone No.</b> |
| 1. _____    | _____                           | _____                |

**Email Address** \_\_\_\_\_

- |             |                                 |                      |
|-------------|---------------------------------|----------------------|
| <b>Name</b> | <b>Complete Mailing Address</b> | <b>Telephone No.</b> |
| 2. _____    | _____                           | _____                |

**Email Address** \_\_\_\_\_



## HEALTH AND HUMAN SCIENCES APPLICATION

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**PLEASE READ AND SIGN THE FOLLOWING**

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I hereby certify that the information contained in this application is true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information is cause for denial of admission or dismissal from the program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

"Weatherford College is an Equal Opportunity institution that provides educational and employment opportunities on the basis of merit and without discrimination because of race, color, religion, sex, age, national origin, veteran status, or disability."

**Please include all required documentation with your application and mail them to the address below. Incomplete applications will not be processed.**

Weatherford College (main campus)  
Health & Human Sciences Division  
225 College Park Drive  
Weatherford, TX 76087  
(817) 594-5471 or (800) 287-5471  
Fax: (817) 598-6455

Revised 8/31/22