



HEALTH AND HUMAN SCIENCES APPLICATION

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

SPECIALTY FOR WHICH APPLICATION IS MADE:

- ☐ Associate Degree Nursing ☐ Fall ☐ Spring -Weatherford Campus (Traditional)
☐ Associate Degree Nursing ☐ Fall -Wise County Campus Bridgeport (Fast Track)
☐ Associate Degree Nursing Evening/Weekend Program ☐ Fall -Weatherford Campus (Fast Track)
☐ Associate Degree Nursing Evening/Weekend Program ☐ Fall -Wise County Campus Bridgeport (Fast Track)
☐ Diagnostic Medical Sonography -Weatherford Campus
☐ Vascular -Weatherford Campus
☐ Cardiovascular Sonography AAS Program (Adult Echocardiography, Vascular) – Weatherford Campus
☐ Echocardiography Certificate – Weatherford Campus
☐ Vascular Technology Certificate – Weatherford Campus
☐ Pediatric Cardiovascular Sonography – Weatherford Campus
☐ Human Service Provider - A.A.S. – Weatherford Campus
☐ LVN-RN Transition – Summer – Weatherford Campus
☐ LVN-RN Transition Evening/Weekend – Spring – Weatherford Campus
☐ LVN-RN Transition – Spring - Wise County Campus Bridgeport
☐ Medical and Health Services Management – Weatherford Campus
☐ Occupational Therapy Assistant – Weatherford Campus
☐ Ophthalmic Technician – Weatherford Campus ☐ A.A.S. ☐ Certificate
☐ Phlebotomy Technology ☐ Fall ☐ Spring ☐ Summer – Weatherford Campus
☐ Physical Therapist Assistant – Weatherford Campus
☐ RN to BSN – ☐ Fall ☐ Spring ☐ Summer – Weatherford Campus
☐ Radiology Technology – Weatherford Campus
☐ CT Certificate – Weatherford Campus
☐ Mammography Certificate – Weatherford Campus
☐ Radiologic Technology - Evening – Wise County
☐ Respiratory Care – Weatherford Campus
☐ Substance Abuse Counseling ☐ Certificate – Weatherford Campus
☐ Vocational Nursing ☐ Fall Day Weatherford Campus ☐ Fall Evening Weatherford Campus

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.

- | | | |
|----------------------------|---------------------------------|----------------------|
| Name | Complete Mailing Address | Telephone No. |
| 1. _____ | _____ | _____ |
| Email Address _____ | | |
- | | | |
|----------------------------|---------------------------------|----------------------|
| Name | Complete Mailing Address | Telephone No. |
| 2. _____ | _____ | _____ |
| Email Address _____ | | |



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PLEASE READ AND SIGN THE FOLLOWING

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
Health & Human Sciences Division
225 College Park Drive
Weatherford, TX 76086

(817) 594-5471 or (800) 287-5471
Fax: (817) 598-6455

Revised 9/24/26