



3. **ETHNIC GROUP:** Response Optional but appreciated

\_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Black

\_\_\_\_\_ Anglo

\_\_\_\_\_ Filipino

\_\_\_\_\_ Asian/Pacific Islander

\_\_\_\_\_ Hispanic

\_\_\_\_\_ Other

4. Is English your Primary Language? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No", what is your Primary Language? \_\_\_\_\_.

Number of years formal schooling you have had in your Primary Language \_\_\_\_\_

5. How did you become interested in the SBCC VOCATIONAL NURSING PROGRAM?

\_\_\_ Friend/Relative in program

\_\_\_ Career Days/Class Presentation

\_\_\_ CNA Class

\_\_\_ High School Counselor

\_\_\_ SBCC Counselor

\_\_\_ Other

If accepted, I understand that I must furnish my own transportation for clinical experience in the community.

I certify under penalty of perjury that all information I have included in this application is correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_