

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

_____ American Indian/Alaskan Native

_____ Black

_____ Anglo

_____ Filipino

_____ Asian/Pacific Islander

_____ Hispanic

_____ Other

3. 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 _____

4. 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 _____