

# Admission Application for Nursing Programs Western Nebraska Community College

(Application is valid only for the year indicated on the Letter of Intent)

- Associate Degree Nursing (ADN) (requires a current unencumbered LPN License) –Advanced Placement Option- Scottsbluff, Sidney or Alliance

Please print legibly

Legal Name: \_\_\_\_\_  
                                Last                                First                                Middle

Mailing Address: \_\_\_\_\_  
                                Street                                City                                State                                Zip

Other name(s) on academic records: \_\_\_\_\_  
  Last                                First                                Middle

Telephone: (\_\_\_\_) \_\_\_\_\_

Date of birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

List the high school you last attended:

\_\_\_\_\_  
High School, GED or Home School                City                State                Grad Date

List all colleges and/or vocational-technical schools previously attended or currently attending.

\_\_\_\_\_  
School  Degree/Certificate

\_\_\_\_\_  
School  Degree/Certificate

\_\_\_\_\_  
School  Degree/Certificate

To the best of my knowledge the information on this form is true and correct. I hereby agree to conform to all regulations in effect during my residence as a student.

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

Completed Application can be submitted by email to: [lehmkuh7@wncc.edu](mailto:lehmkuh7@wncc.edu)

For questions please call the Health Sciences Division at 308-635-6060.