



The Rapha School

Admission Application

The Rapha School, LLC
17 Griffith Drive
Home, PA 15747
724-397-2365
contact@TheRaphaSchool.com

Please send completed application to the above address.

Name: _____
(Last) (First) (Middle)

Address: _____
(R.D. or Street) (City, State, Zip Code) (County of Residence)

Phone: _____
(Area Code) (E-mail) (Date of Birth)

EDUCATION:

High School Attended: _____ Last Year Attended: _____

Address of School: _____

What name is on your high school diploma? _____

Have you ever used another name: If yes, what? _____

GRADUATE: Yes ___ No ___ G.E.D. ___ (attach copy of G.E.D. scores and certificate number)

POST SECONDARY: (College or Technical School)

1. _____
(Name) (Address) (Dates Attended)

2. _____
(Name) (Address) (Dates Attended)

(Have all high school, college, or vocational program transcripts sent to the Practical Nursing Program).

Work Experience: (last employment first) Attach a separate paper if additional space needed.

1. Position: _____
Employer: _____
Address: _____
Phone: _____
Dates: _____

2. Position: _____
Employer: _____
Address: _____
Phone: _____
Dates: _____

Reason Left: _____

Reason Left: _____

Explain any additional experience or training that you have had in the medical or nursing field.

Program Applying For: _____ CNA _____ LPN _____LPN Part-time Evening Weekend

Attach a one page essay explaining why you wish to attend this school and why you wish to be in the program applying for.

REFERENCES: (No relatives: Include at least one work reference if applicable)

1. _____
 (Name) (Address) (Occupation/Phone Number)

2. _____
 (Name) (Address) (Occupation/Phone Number)

3. _____
 (Name) (Address) (Occupation/Phone Number)

I hereby certify the foregoing statements are true and correct to the best of my knowledge and beliefs, and hereby grant the school permission to verify such answers and investigate all references. I understand that any false statements or omissions on this application may be considered sufficient cause for rejection of this application or for dismissal if such false information is discovered subsequent to my enrollment or after admission. In addition, if accepted for admission, Hereby agree to abide by the rules and regulations of the program.

Signed: _____

Date: _____

The Rapha School LLC is an equal opportunity education institution and does not discriminate on the basis of race, color, national origin, age, sex, or disability in its activities, programs, or employment practices and provides equal access to the Boy Scouts and other designated youth groups as required by Title VI, Title IX, Section 504, Americans with Disabilities Act and the Boy Scouts Act.