

Telephone # & Name of closest relative

other than spouse: - -

Name: _____

How do you plan on paying your tuition for the program: (Please check those that apply)

Financial Aid Payment Plan Check Agency Sponsor

EDUCATION: Schools attended

	Name	Location	# of Years	Year of Graduation
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High School: _____

College: _____

Other Post-Secondary Training: _____

I certify that all of the information I have filled in above is accurate and complete to the best of my knowledge.

Signature Date

A \$135.00 (non-refundable fee) bank check, money order or personal check made payable to G.L.T.S. **must accompany this application. Credit cards are also accepted (MC or VISA). No cash can be accepted.** This non-refundable fee includes payment for one entrance examination. **All electronic devices are prohibited from the school.**

Please mail to: **Greater Lowell Technical School
Practical Nurse Program
Attn: Joyce Silk
250 Pawtucket Boulevard
Tyngsboro, MA 01879**