



Covenant CNA School

Phone: 404-733-5491 Fax: 404-733-5492

Email: admin@covenantcna.com

www.covenantcna.com

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Day____ Evening____ Weekend____ Class Start Date_____		Birth date M /D/Y _____	
Program Applied for (Check one): Certified Nursing Assistant ____ WIA CNA ____ Patient Care Technician ____ WIA Patient Care Technician ____ CNA Bridge to PCT____ Bilingual Certified Nursing Assistant ____ CPR /AED/First Aide ____ Tutorial for the Georgia State CNA Skills Competency Exam____			
Are you a citizen of the United States? YES ____ NO ____ If no, are you authorized to work in the U.S.? YES ____ NO ____			
How did you here about us? Relative _____ Friend _____ Current Student _____ Work Force Development Center _____ Job Fair _____ Internet _____			

EDUCATION	
Have you graduated from high school or received a GED? YES ____ NO ____ What year? _____ High School diploma/GED waiver requested _____	
PLEASE CHECK THE APPROPRIATE BOX BELOW IF YOU ARE RECEIVING FUNDING FROM ANY OF THE FOLLOWING SOURCES	
Workforce Investment Act (WIA)	YES ____ NO ____
Veteran's Administration (VA)	YES ____ NO ____
Military Tuition Assistance (TA)	YES ____ NO ____ Other _____

DISCLAIMER AND SIGNATURE	
I agree to comply with the rules and standards of Covenant C.N.A School. My signature below signifies that the information I have furnished on this form is complete and correct to the best of my knowledge.	
If this application leads to my acceptance into a healthcare program, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date