



Harmony Health Career Training
Institute, LLC

Student Application Form
Please complete this form in full; this information is necessary for your enrollment in all programs.

Personal Information

Legal name: (Last)		(First)	(Middle)	(Former)
Mailing Address: (Street)		(City)	(State)	(Postal/Zip code)
Date of Birth		Gender		Social Security Number
Phone: (Home)		(Cell)		Email
Ethnicity* Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No			Race	
Emergency Contact: (Name)		(Phone Number)		(Relationship)

Citizenship

Citizenship: (Check one) <input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee/ Asylee <input type="checkbox"/> Non-US Citizen

Education

Highest level of education completed: Official high school/college transcripts/scores from the GED test must be submitted to the Admissions Office.	
High School	Graduation Date
GED	Graduation Date
Are you currently enrolled in another educational institution? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what is your major?

Employment Information

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, place of employment & hours:
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Any additional information that we need to know during your enrollment? _____

I, _____, certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusal of admission as a student, or for dismissal should I be enrolled.

Signature: (Full name)

Date

For Office Use Only

Program enrollment: 24 hr. Medication 15 hr. Medication Aide/ Tech NA 1 NA 1- Hybrid Refresher Phlebotomy Tech Hybrid

Start and end dates: _____

Uniform Size: XS S M L XL 1XL 2XL 3XL 4XL

Registration fee paid(date & amount): _____

Date Completed application received on: _____

Date Tuition fees paid in full: _____

Date Tuition 1/1 deposited received: _____

Intended Payment form (CC, MO-payable to Harmony Health Career Training Institute, LLC) **No cash or checks will be accepted** _____

Invoices must be sent electronically sent via PayPal or another approved online payment vendor

Staff signature(Full name): _____ Date: _____