



Telephone # & Name of closest relative other than spouse:    -    -

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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
<b>High School:</b>			

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**College:** \_\_\_\_\_

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**Other Postsecondary Training:** \_\_\_\_\_

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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 **non-refundable** \$125.00 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 fee includes payment for one entrance examination.

Please mail to:

**Greater Lowell Technical School  
Practical Nurse Program  
Joyce Silk  
250 Pawtucket Boulevard  
Tyngsboro, MA 01879**