

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

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
High School:			

College: _____

Other Postsecondary 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 **non-refundable** \$110.00 check or money order made payable to G.L.T.S. **must accompany this application.** 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**