

Please write a brief statement to indicate why you would like to attend Tri-County Allied Health School:

Please provide additional information that may be relevant to our consideration of your application:

Please Indicate Any Special Needs and/or Considerations:

I understand that the success of this academic endeavor will be dependent on my ability and willingness to complete all requirements of the course of study.

I understand that Tri -County Allied Health School will provide reasonable assistance to help me achieve success while no guarantee is made relative to my success with regard to academic advancement, professional credentialing, or future employment.

I certify that information contained in this application is true and complete. I understand that providing false information is cause for non-acceptance into the program and/or future expulsion.

I hereby authorize Tri-County Allied Health Schools and its representatives to verify and ~~and~~ all information provided in this application.

Print _____
Name

Signature _____

Date _____