

Date Stamp Here

# Solano Community College – School of Health Sciences Certified Nursing Assistant and/or Home Health Aide Application

(A copy is required)

PLEASE PRINT CLEARLY

SCCID #: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apt No.

City State Zip Code

Phone No: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home Cell

Date of Birth: \_\_\_\_\_ CA Driver's License #: \_\_\_\_\_

**Predominant Ethnic Background:**

- White Non Hispanic     Asian/Pacific Islander (if not in another category)
- Black/African American     Non Hispanic     Asian Indian     Filipino
- Hispanic/Latino/a     Native Hawaiian     Native American or Alaskan Native
- Mixed Race     Other

Age:     17-20     21-25     26-30     31-40     41-50     51-55     56-60     61-65  
 66-70     71 or older

Gender:     Male     Female    Disability Accommodation Requested:

Previous Degrees:     Associate Degree     Bachelor's Degree     Master's Degree

Name of High School Attended

City and State

Dates Attended – From/To

Did you attend a California high school for at least three years and/or graduate from a California high school?

Yes     No

Do you plan to apply for Financial Aid?

Yes     No

List ALL colleges, universities, and educational institutions you have ever attended.

INSTITUTION

DATES ATTENDED – FROM / TO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applying for C.N.A.     Applying for H.H.A.     Applying for BOTH C.N.A. & H.H.A.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*