

WALLACE COMMUNITY COLLEGE
PRACTICAL NURSING PROGRAM
STUDENT DEMOPROFILE FORM

STUDENT NUMBER _____

FULL NAME _____

ADDRESS _____

CITY/COUNTY/STATE/ZIP CODE _____

PHONE NUMBER _____

BIRTHDATE (MONTH/DAY/YEAR) _____ AGE _____

CHECK THE MOST APPROPRIATE RESPONSE FOR THE FOLLOWING:

SEX: _____ Male _____ Female

RACE: _____ American Indian or Alaskan Native
_____ Asian or Pacific Islander
_____ Black/Non-Hispanic
_____ Hispanic
_____ White/Non-Hispanic
_____ Other/Unknown

MARITAL STATUS: _____ Never Married
_____ Married
_____ Divorced
_____ Widowed

DO YOU HAVE DEPENDENT CHILDREN? _____ Yes _____ NO

ARE YOU EMPLOYED? _____ Yes _____ NO

IF YES, HOURS WORKED PER WEEK: _____

DO YOU RECEIVE FINANCIAL AID FOR YOUR EDUCATION? _____ Yes _____ NO

IF YES, CHECK TYPE(S) OF FINANCIAL AID:

_____ Pell Grant
_____ WIA
_____ TRA
_____ VA
_____ Scholarship (received from) _____
_____ Other (please specify) _____