

# **APPLICATION DIRECTIONS**

## **MUHLENBERG**

### **HAROLD B. AND DOROTHY A. SNYDER SCHOOLS**

This packet contains the application and required forms to help you apply to Muhlenberg, Harold B & Dorothy A. Snyder Schools. Please complete the entire application. Use the included Application Checklist for direction and record keeping.

The Muhlenberg programs admit students twice a year, for either the Fall semester, or for the Spring semester. The applicant is required to submit all requested materials (except the Entrance Test scores) by the dates stated below.

#### **NURSING:**

**Fall Semester Deadline** March 1st

**Spring Semester Deadline** September 15th

#### **RADIOGRAPHY:**

**Fall Semester Deadline** March 1st

**Spring Semester Deadline** September 15th

#### **NUCLEAR MEDICINE TECHNOLOGY:**

**Fall Semester Deadline** March 1st

**Spring Semester Deadline** September 15th

#### **RADIATION THERAPY:**

**Fall Semester Deadline** March 1st

**Spring Semester Deadline** September 15th

#### **DIAGNOSTIC MEDICAL SONOGRAPHY:**

**Fall Semester Deadline** March 1st

**Spring Semester Deadline** September 15th

For the most current information, please review all inserts and visit the Schools' website,  
[www.muhlenbergschools.org](http://www.muhlenbergschools.org).

# APPLICANT CHECKLIST

The following checklist is for your record keeping. It will help you organize the steps you need to take. Applications must be received and complete by the appropriate deadline. Applications may be mailed to the Schools or brought in person to the Administrative Suite, Room 117.

**STEP 1:** Mail in your application, application fee (paid by certified check or money order), essay, completed references and the appropriate signed Consumer Information form.

**STEP 2:** Request **official** transcripts from **all** the schools you have attended (high school, all colleges, vocational schools, schools of practical nursing, radiography, etc.). Only official transcripts will be considered in processing your application

Official transcripts are those transcripts sent directly from one school to another school without student receipt and include the official seal of the sending school. Official transcripts in envelopes sealed with the respective school's seal, hand carried by the applicant, will also be accepted.

If you attended school under another name, please have the school include your current name as well as your former name(s). This applies to all transcripts and evaluations.

It is the applicant's responsibility to notify high schools and colleges to forward the requested information directly to the Schools by the appropriate deadline. *Incomplete applications will not be considered.*

**FOR HOLDERS OF GED (General Education Development Diploma):** You must have your official GED test results sent to the Schools. For information about taking the GED, having scores forwarded, or for more information about the requirements for the thirty (30) college credit route to a state-endorsed High School Diploma, contact

**NEW JERSEY**  
GED Testing Program  
Bureau of Adult Education  
and Family Literacy  
New Jersey  
Department of Education  
P.O. Box 500  
Trenton, NJ 08625-0500  
Telephone: (609) 777-1050  
E-mail: GED\_INFO@doe.state.nj.us

**NEW YORK**  
The University of the  
THE STATE EDUCATION  
DEPARTMENT  
GED Testing Office  
P.O. Box 7348  
Albany, NY 12224-0348  
Hotline: (518) 474-5906  
www.wmsc.nysed.gov/ged/otherserv

Or visit the website, [www.ged123.org](http://www.ged123.org)

## FOR APPLICANTS WITH TRANSCRIPTS FROM SCHOOLS OUTSIDE OF THE UNITED STATES

Applicants with educational credentials from schools outside of the United States must first have their transcripts translated and **evaluated**. Contact the agency listed below for international transcript evaluations. Allow ample time for processing by the deadline. The Schools are not affiliated with any accrediting agency. **If you would like to receive credit for specific courses that you have completed, this evaluation must be done on a course-by-course basis. The evaluation must also include verification of high school graduation.**

World Education Services, Inc.  
P.O. Box 5087  
Bowling Green Station  
New York, New York 10274-5087  
Telephone: (212) 966-6311  
Fax: (212) 739-6100  
E-mail: [support@wes.org](mailto:support@wes.org)

Or visit the website, [www.wes.org](http://www.wes.org)

**STEP 3:** Each program requires three letters of recommendation. Make sure you complete your section of the reference form. **The individual completing the letter of reference must complete and sign the form; they must also write a letter of reference.**

- High school students must include a complete reference from a guidance counselor, teacher or high school administrator.
- LPN graduates must include a complete reference from the director of their SON (not required if they graduated more than five years ago).
- An applicant seeking to transfer any nursing courses must include a letter of reference from the director of the school of nursing or from the respective course instructor.
- Applicants to the School of Radiation Therapy must provide a complete reference from the director of their School of Radiography (not required if they graduated more than five years ago).
- All other applicants must obtain complete references from an employer, supervisor, previous college instructor or any other **non-family** professional contact who can address character and academic abilities. **References from friends or family members are NOT acceptable.**

These references should be included with the submitted application.

**STEP 4:** Candidates who graduated from high school within the last three years must submit SAT or ACT scores. This requirement is waived for all other applicants. The Schools' SAT code is 2452. SAT information is available at [www.collegeboard.com](http://www.collegeboard.com).

**STEP 5:** All Muhlenberg applicants must take either the Nurse Entrance Test (NET), for the SON, or the Health Occupations Basic Entrance Test (HOBET), for the SOMITS. Upon receipt of an application, the Schools will assign a test date to the applicant. This date will be included with the applicant's follow-up letter. Further information is available on the Schools' website, [www.muhenbergschools.org](http://www.muhenbergschools.org).

**STEP 6:** After mailing in your application to the Schools,

- **If you are not a U.S. citizen**, you will be required to show your Permanent Resident and/or Naturalization papers when you arrive for the entrance test.
- **If you are a licensed practical nurse (LPN)**, you will be required to show your current unexpired LPN license when you arrive for the entrance test.

*The Schools can NOT proceed with your application without this information. This must be done in person; copies are not acceptable. Call 908-668-2450.*

**STEP 7:** The applicant must select **one** of the topics listed on the application and write an essay of 250 words or more. Include this essay when submitting the application.

**STEP 8:** Read, sign and return the appropriate Consumer Information Sheet.

It is the applicant's responsibility to submit, or directly forward to the Schools, all the requested information by the appropriate deadline. *Incomplete applications will not be considered.*

**All the above materials should be mailed to:**

**Muhlenberg, Harold B. and Dorothy A. Snyder Schools  
Park Avenue and Randolph Road  
Plainfield, New Jersey 07061**

### Attn: Admissions

Upon acceptance, you may be required to take the College Placement Test, the English for Speakers of Other Languages Test and/or the RAD102 Math Test. The information regarding these tests is included in the acceptance packet. All remediation work, if needed, must be completed prior to registering for any credit-bearing courses and will be arranged through the Muhlenberg Snyder Schools Office of Registration and Enrollment.

Date mailed: \_\_\_\_\_

School: \_\_\_\_\_

Date transcript requested: \_\_\_\_\_

School: \_\_\_\_\_

Date transcript requested: \_\_\_\_\_

Date requested: \_\_\_\_\_

Date evaluation requested: \_\_\_\_\_

Person completing your reference form: \_\_\_\_\_ Date mailed

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Date SAT scores were mailed: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Person: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

Time: \_\_\_\_\_

Location: \_\_\_\_\_

Person: \_\_\_\_\_



**MUHLENBERG, HAROLD B. AND  
DOROTHY A. SNYDER SCHOOLS**

Park Avenue and Randolph Road  
Plainfield, New Jersey 07061  
908-668-2400

# APPLICATION FOR ADMISSION

**This application is appropriate for all programs offered by  
Muhlenberg, Harold B. and Dorothy A. Snyder Schools**

Failure to complete the entire application may void your application. Report any changes (name, address, telephone number, college information, etc.) to the Schools.

## GENERAL INFORMATION

Name:

\_\_\_\_\_

Last	List All Former Last Names	First	Middle Initial
------	----------------------------	-------	----------------

Home Address: \_\_\_\_\_

Number and Street	City
-------------------	------

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Area Code Home Telephone	Area Code Work Telephone
--------------------------	--------------------------

Email Address: \_\_\_\_\_

Mailing Address if different from above: \_\_\_\_\_

Number and Street	City
-------------------	------

State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

**Social Security Number** ( ) ( ) ( ) - ( ) ( ) - ( ) ( ) ( ) ( )

### Select either Nursing or Medical Imaging & Therapeutic Sciences

#### NURSING

- Fall semester 20 \_\_\_\_\_
- Spring semester 20 \_\_\_\_\_
- Day  or Evening
- Generic Track
- Preparing for Accelerated Curriculum
- LPN to RN Career Ladder Curriculum

Have you ever applied to the School of Nursing before? \_\_\_\_\_

If yes, when? \_\_\_\_\_

Semester	Year
----------	------

Did you ever attend? \_\_\_\_\_

Reason you left: \_\_\_\_\_

Make your \$100.00 certified check or money order payable to:

**Muhlenberg Snyder School of Nursing**

#### MEDICAL IMAGING & THERAPEUTIC SCIENCES

- |                               |                        |                          |
|-------------------------------|------------------------|--------------------------|
| Radiography                   | Fall semester 20 _____ | Spring semester 20 _____ |
| Nuclear Medicine Technology   | Fall semester 20 _____ | Spring semester 20 _____ |
| Radiation Therapy             | Fall semester 20 _____ | Spring semester 20 _____ |
| Diagnostic Medical Sonography | Fall semester 20 _____ | Spring semester 20 _____ |
| Graduate Refresher            | Fall semester 20 _____ | Spring semester 20 _____ |

Have you ever applied to the Schools of Medical & Therapeutic Sciences before? \_\_\_\_\_

If yes, which program? \_\_\_\_\_

When: \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Did you ever attend? \_\_\_\_\_

Reason you left: \_\_\_\_\_

Make your \$100.00 certified check or money order payable to:

**Muhlenberg Snyder School of Radiography  
(for all SOMITS programs)**

**EDUCATION**

ALL APPLICANTS MUST COMPLETE THIS SECTION INCLUDING THOSE WITH A BACCALAUREATE DEGREE (OR HIGHER) OR THOSE WITH FOREIGN EDUCATION.

**Diploma-Granting High School**

Name of School \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Dates Attended \_\_\_\_\_ To \_\_\_\_\_ Graduation Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

G.E.D. Date Received \_\_\_\_\_  Adult Education Diploma Date Received \_\_\_\_\_

List all High Schools/Secondary Schools Attended

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

Post-Secondary Education: Include all colleges (including Union County College and Union County Technical Institute), and all technical, business, healthcare schools and programs previously attended.

**NAME OF POST-SECONDARY SCHOOL**

1. \_\_\_\_\_  
Name of School Location

\_\_\_\_\_ Dates attended # of credits completed Degree/Diploma

2. \_\_\_\_\_  
Name of School Location

\_\_\_\_\_ Dates attended # of credits completed Degree/Diploma

3. \_\_\_\_\_  
Name of School Location

\_\_\_\_\_ Dates attended # of credits completed Degree/Diploma

4. \_\_\_\_\_  
Name of School Location

\_\_\_\_\_ Dates attended # of credits completed Degree/Diploma

5. \_\_\_\_\_  
Name of School Location

\_\_\_\_\_ Dates attended # of credits completed Degree/Diploma

\* Note: You must list **all** schools attended (including Union County College), even if you took only one course. It is not necessary to attend Union County College prior to applying to any of the Muhlenberg Snyder Schools programs. However, **if** you have attended, or are currently attending Union County College, you must have achieved a minimum GPA of 2.0. All other admission criteria apply as well.



**ESSAY**

Please complete one of the following essays on a separate sheet of paper. Your essay should be a minimum of 250 words and typed.

1. Please tell why you would like to become a nurse or medical imaging or therapeutic science technologist (specify discipline). Describe some of the experiences that have influenced your decision.
2. If you were able to spend the day with a famous individual, real or fictional, whom would you pick, and why?
3. You have written your autobiography in a minimum of 250 words. What does it say?

**NON-DISCRIMINATION POLICY**

It is the policy of Muhlenberg, Harold B. and Dorothy A. Snyder Schools to comply with Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Older Americans Act of 1975, and the American with Disabilities Act of 1991. These laws prohibit discrimination on the basis of race, color, religion, sex, national origin, age, disability or sexual orientation in all educational programs and activities as long as the handicapped person does not present a safety hazard to himself/herself or clients.

**PUBLISHED:**

At the time of printing, all information contained herein was deemed accurate and current. However, the Schools reserve the right to change any provisions, requirements, charges, programs, offerings or services without notice or obligation. Announcements published in this publication may not be regarded in the nature of binding obligations on the Schools. My signature below indicates that the foregoing information is correct and complete to the best of my knowledge. I certify I am a current resident and  have /  have not been a resident continuously for at least six months in the county indicated on this form. I will notify the institution of any change in address. I understand that any falsification or omission of information may result in immediate disqualification or dismissal from the program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature if under 18 \_\_\_\_\_

Note to student: Each program offered by the Muhlenberg, Harold B. and Dorothy A. Snyder Schools requires three (3) complete references (form and letter). See the directions on the Application Checklist for instructions.

## LETTER OF REFERENCE FORM

### THIS SECTION IS TO BE COMPLETED BY THE APPLICANT

APPLICANT'S NAME (Please Print)

\_\_\_\_\_

EVALUATOR'S NAME (Please Print)

\_\_\_\_\_

Check One

Nursing

Radiography

Nuclear Medicine Technology

Radiation Therapy

Diagnostic Medical Sonography

An applicant may waive the right of access to written evaluations as provided for under the Family Educational and Privacy Act of 1974. Please indicate your wishes by signing below either section A or B.

A. I hereby waive my right of access to the evaluation provided by the person named above and he/she should be hereby notified that the confidentiality of the evaluation is preserved.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

B. I do not waive my right to the evaluation provided by the person named above and he/she should be notified that I retain my right of access; thus, the confidentiality of the evaluation is not guaranteed.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### IMPORTANT: DIRECTIONS TO THE EVALUATOR

Complete the information on side 2 legibly and attach a letter to this form which details your relationship to the applicant, in what professional capacity and length of time you know them, their major relevant strengths/weaknesses, and any other pertinent comments you may wish to share with the Admissions Committee.

**STUDENT REFERENCE FORM CONTINUED**

The traits described below are to be evaluated primarily on personal qualities believed relevant to an individual's performance and development. Rate the applicant according to the legend.

Applicant's Name \_\_\_\_\_

**LEGEND**

- 5 – Excellent
- 4 – Above Average
- 3 – Average
- 2 – Below Average
- 1 – Unsatisfactory
- 0 – Unable to Evaluate

	Rating #
1. Interpersonal skills (cooperative, tactful, assertive, ability to work with others)	
2. Manual dexterity (agile, dexterous, coordinated)	
3. Maturity (stability, self-disciplined, responsive to criticism)	
4. Ability to work independently (initiative, diligent, good organization)	
5. Problem-solving abilities (recognizes problems, analytical ability)	
6. Reliability (trustworthy, dependable, responsible, perseverance)	
7. Personality (warm, cheerful, positive, patient)	

DATE \_\_\_\_\_

SIGNATURE OF EVALUATOR \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION/COMPANY \_\_\_\_\_

**PLEASE RETURN THIS FORM, ALONG WITH A LETTER OF REFERENCE TO::**

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5. Problem-solving abilities (recognizes problems, analytical ability)	
6. Reliability (trustworthy, dependable, responsible, perseverance)	
7. Personality (warm, cheerful, positive, patient)	

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SIGNATURE OF EVALUATOR \_\_\_\_\_

TITLE \_\_\_\_\_

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6. Reliability (trustworthy, dependable, responsible, perseverance)	
7. Personality (warm, cheerful, positive, patient)	

DATE \_\_\_\_\_

SIGNATURE OF EVALUATOR \_\_\_\_\_

TITLE \_\_\_\_\_

INSTITUTION/COMPANY \_\_\_\_\_

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Muhlenberg, Harold B. and Dorothy A. Snyder Schools  
Office of Admissions  
Park Avenue and Randolph Road  
Plainfield, New Jersey 07061

**CONSUMER INFORMATION**  
**Muhlenberg Regional Medical Center Harold B. and Dorothy A. Snyder**  
**School of Radiation Therapy**

**Student Right-to-Know**

The following information is being provided as required by the federal government and the Student-Right-To-Know and Campus Security Act. Public Law 101-542 as amended by the Higher Education Technical Amendments of 1991, Public Law 1022026.

**Information on Graduation/Completion Rates**

Of the nine (9) 2006 graduates from Muhlenberg Regional Medical Center Harold B. and Dorothy A. Snyder Schools' Amplified Program in Radiation Therapy, zero (0) students were first-time, full-time degree-seeking students. The majority of the School of Radiation Therapy students are "transfer-ins", and, therefore, are not considered first-time, full-time degree-seeking students.

**How our graduates are doing**

Class of 2006 – 9 graduates

100 percent (100%) graduation rate

89 percent (89%) are employed in radiation therapy

67 percent (67%) of the graduates passed the Radiation Therapy Certifying Exam at the first sitting

**Americans with Disabilities Act (ADA)**

The following information is being provided as required by the Federal government, Section 504 of the Rehabilitation Act of 1973. In order to complete the clinical assignments of the School and to perform all procedures required of the radiation therapist in the work place, applicants to the School of Radiation Therapy must be willing and able to do the following:

Corrective devices are permitted to meet the minimum requirements.

1. Communicate in English in order to converse with and instruct patients; to relieve their anxiety and to gain their cooperation and confidence during the treatment process.
2. Routinely lift 20-45 pounds over your head. (blocks, treatment cones and other treatment devices)
3. Work standing on your feet more than 80% of your daily responsibilities.
4. Push and pull, bend and stoop, kneel or squat, routinely.
5. Push standard wheelchairs or stretchers and assist in transferring patients onto and off treatment tables.
6. Visually align patients, equipment and film while working in dim lighting.
7. Distinguish colors on a computer screen and patient markings.
8. Monitor patients during treatment visually and via audio monitors.
9. Hear and identify various equipment and background sounds during equipment operations.
10. Input patient treatment data into treatment consoles and computers using keyboards.
11. Communicate effectively, orally and in writing, with patients and staff members.
12. Read and apply patient set-up instructions as stated in treatment charts.
13. Organize and accurately perform the individual steps in a simulation or treatment procedure in the proper sequence.
14. Work with immuno-suppressed patients and patients who may have a communicable disease.
15. Fabricate patient shielding blocks, which may contain heavy metals and produce vapors that may cause skin rashes or respiratory irritation in hypersensitive individuals.

I have read the above Physical and Technical Requirements for Admission into the Muhlenberg Regional Medical Center School of Radiation Therapy. My signature below determines that I am capable of fulfilling these requirements.

**I have read this form and understand the contents herein.**

---

Signature

---

Print Name Clearly

---

Date

**RETURN WITH YOUR APPLICATION**