



59 Howard Street, 1st floor  
Framingham, MA 01702  
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admissions@metrowesthealthcareacademy.com

# Application for Admission

Today's date: \_\_\_\_\_

ID#: \_\_\_\_\_

Office Use Only

## APPLICANT INFORMATION

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last name: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To which **program** are you applying?

Day program  Weekend program  
 Evening program

What is your **career** interest?

Nursing Assistant  Medical Administrative Assistant  
 Medical Assistant  Home Health Aide

Are you a citizen of the United States?  Yes  No If no, are you authorized to stay in the U.S.?  Yes  No

Have you ever applied for admission?  Yes  No If so, when? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If yes, explain: \_\_\_\_\_

Have any of your friends or relatives attended Metrowest Healthcare Academy?  Yes  No If so, who? \_\_\_\_\_

How did you hear about Metrowest Healthcare Academy?  Online  Newspaper  Friend / former student  
 Job fair  TV  Other (please specify): \_\_\_\_\_

## EDUCATION

*Medical Assistant and Medical Administrative Assistant applicants: Please provide official documents, transcripts, and GED results.*

Name of **high school** attended: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_  
Start date End date

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate?  Yes  No If yes, when? \_\_\_\_\_

Name of **college** attended: \_\_\_\_\_ Dates of attendance: \_\_\_\_\_ to \_\_\_\_\_  
Start date End date

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Did you graduate?  Yes  No If yes, what degree did you earn? \_\_\_\_\_

## EMERGENCY CONTACT

*In case of emergency, I authorize that the following person be contacted:*

Full name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to admission, I understand that false or misleading information in my application or interview may result in my dismissal from the program. This application and all supporting documents become the property of Metrowest Healthcare Academy and will not be returned to you or sent to another institution. All candidates for admission to Metrowest Healthcare Academy are considered on individual merits, without discrimination on the basis of age, creed, national and ethnic origin, race, color, sex, gender/sexual orientation, marital status or disability.

Print full name: \_\_\_\_\_

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