



Hackensack
Meridian Health
JFK Medical Center

Muhlenberg Harold B. and Dorothy A. Snyder
Schools of Nursing and Medical Imaging

INFORMATION CARD

Program:

Generic Track LPN to RN Track Accelerated Track
 Pathway to BSN Radiography Diagnostic Medical Sonography

 First Name Last Name (Maiden) Date of Birth Age

 Number and Street Address Apt# City/State Zip Code County

 Marital Status # of Children
 Are you: A: 1) U.S. Citizen 2) An Eligible Non-Citizen 3) Neither

B: If you are an eligible non-citizen, given Alien Registration Number

Check box "2" if you are one of the following:

- U.S. permanent resident and you have an Alien Registration Card (I-151 or I-551)
- Other eligible noncitizen with a Departure Record (I-94) from the U.S. Immigration and Naturalization Service showing any one of the following designations:
 (a) "Refugee," or (b) "Asylum Granted," or (c) "Indefinite Parole"
 and/or "Humanitarian Parole," or (d) "Cuban-Haitian Entrant"
 Other eligible noncitizen with a temporary residency card (I-688) from the U.S. Immigration and Naturalization Service.

If you are a citizen of the Marshall Islands, Federated State of Micronesia, or Palau, see your financial aid administrator.

If you cannot check box "1" or "2" you must check box "3". If you are in the U.S. on only a J1 to J2 exchange visitor visa, or only a G series visa (pertaining to international Organizations), you must check box "3".

How would you best describe yourself? (Please check one)

- American Indian/or Alaskan Native Hispanic (including Puerto Rican)
 Asian or Pacific Islander White
 Black (Non-Hispanic) Other, Specify: _____

OCCUPATIONS

 Father's Name Place of Employment – position

 Mother's Name Place of Employment – position

 Spouse Place of Employment – position

In case of Emergency Contact: _____

Address: _____

Relationship: _____ Phone Number: _____