



**First Step to Excellence Health Care Training Academy, Ltd**  
[www.fsteacademy.education](http://www.fsteacademy.education)  
 1539 E. 87<sup>th</sup> Street. Chicago, IL 60617  
 Office: (773)437-5003 Fax: (844)676-1699

Please print or type all information. Submit completed application and \$100.00 non-refundable application fee in person or email [fste@fsteacademy.education](mailto:fste@fsteacademy.education)

<b>Last Name</b>	<b>First Name</b>	<b>M.I</b>	<b>Maiden Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Social Security #:</b>	<b>Date of Birth:</b>	<b>Email:</b>	
<b>Mailing Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	
<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Work Phone:</b>	
<b>Emergency Contact Person:</b>			<b>Relationship:</b>
<b>Emergency Contact Number:</b>			<b>Cell #:</b>
Have you previously attended FSTE? NO <input type="checkbox"/> YES <input type="checkbox"/>			If Yes, Year Attended:
Area of Study: The program(s) or course(s) of study I plan to pursue at FSTE			
1.			AM_ <input type="checkbox"/> ___ <input type="checkbox"/> PM
2.			AM_ <input type="checkbox"/> ___ <input type="checkbox"/> PM
3.			AM_ <input type="checkbox"/> ___ <input type="checkbox"/> PM
List of all schools, colleges, and universities attended, beginning with the most recent:			
<i>Name of Institution</i>	<i>Date Graduated</i>	<i>Major/General field of Study</i>	<i>Degree/Certificate</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<i>Name of Institution</i>	<i>Date Graduated</i>	<i>Major/General field of Study</i>	<i>Degree/Certificate</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<p align="center"><b>NOTE: Official and International transcripts are evaluated by request of the student. If evaluation of college transcripts is required for admission to the chosen program of study, please submit official transcripts to FSTE at the above address.</b></p>			
What in particular would you like to gain from taking this program(s)?			
<input type="text"/>			

What concerns do you have?

How do you best learn and process information?

(Number in order of importance: 1 being the most important and 6 being the least important)

Visual learner: watching procedures being performed

Tactile: hands-on performing produces

Reading information

Writing: taking notes and re-writing them

Repetition: hearing and performing produces several times

Listening: hearing instructions

What can the faculty and staff at FSTE do to provide you with the most optimal learning experience?

Experience/Background:

SPECIAL SKILLS AND STRENGTHS:(Example: Second language(s), Computer Knowledge, Punctuality, Extra Nursing Prerequisites, Multi-tasking abilities)

CERTIFICATES:

Certificate in/of: Organization: Date:

1.

2.

3.

AWARDS:		
Award in/of:	Organization:	Date:
1.		
2.		
3.		

PROFESSIONAL GOALS:

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Ethnicity and Race

Providing the information below is voluntary and will not be used in a discriminatory manner. These questions comply with the U.S. Department of Education's standards for ethnic and racial data collection.

Ethnicity/Race: Please select one or more that apply.	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer not to Answer
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I certify that the above statement is true, complete and correct. I understand that if withhold or give false information on this application it may make me ineligible for admission to the school or subject to dismissal. Document ownership: all documents submitted to FSTE, for admission purposes becomes the property of the school. Documents will not be released to students nor will they forward to other educational institutions or agencies.

How/where did you hear about FSTE?

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Applicant's signature:	Date:
Parent or Guardian signature:	Date: