



8. Name of spouse, parent, or guardian (if you are under age 21): \_\_\_\_\_

9. Name, telephone number and address of person to contact in case of emergency:

Name \_\_\_\_\_ Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

10. List school and community activities and any office you have held:

11. Have you served in the armed forces of the United States? If so, dates: \_\_\_\_\_  
From: Month/Year To: Month/Year

12. I certify that the information I have provided on this application and in all other admission application materials is complete, accurate, and true to the best of my knowledge. (Application must be signed and dated.)

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

High School Counselor's Comments (optional): Any information about the applicant is welcome but not required. If there is information that would help us to assist the student, please comment. Add additional sheets as necessary.

ACT: \_\_\_\_\_ SAT: \_\_\_\_\_  
English Math Reading Science Composite Math Reading

Applicant's high school rank (from the top): \_\_\_\_\_ in a class of \_\_\_\_\_ students.  
If rank is not computed, indicate decile from the top: \_\_\_\_\_.

Has the student graduated? Yes \_\_\_\_\_ No \_\_\_\_\_ Will graduate \_\_\_\_\_ Month \_\_\_\_\_ Year

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

Recent federal and state legislation requires that the contents of student files be open to review by the student. Application forms, high school transcripts, test data, letters and recommendations that are sent as part of an application for admission will be open to the student's review upon request.

**Checklist:**

- Sign the application form.
- Federal financial aid applicants must provide their high school diploma/transcript or GED completed certificate. Contact your high school counseling or records office and request to have your transcript sent to the college. Instruct your school to include your test and rank information.
- Contact any college (post-secondary institutions) you have attended and request to have your transcript(s) sent to the Rice Memorial Hospital School of Radiologic Technology.
- The following requirement applied to students born after 1956; Minnesota Statutes, Section 135A.14 requires that a "Statement of Immunization" be submitted within 45 days of the academic term for which the student has registered.

**Send completed applications to:** Rice Memorial Hospital  
School of Radiologic Technology  
301 SW Becker Avenue  
Willmar, MN 56201