

Baptist Health College Little Rock

11900 Colonel Glenn Rd, Suite 1000

Little Rock, AR 72210

501-202-6200/ 1-800-345-3046

Fax 501-202-6220

PERSONAL STATEMENT FORM

Name: _____
Last First Middle Maiden

Social Security #: _____

Name of Program to which you are applying: _____

APPLICANT: In your own handwriting, explain why you are seeking admission to a Baptist Health School of your choice. Include career goals in your chosen healthcare profession. This section is an opportunity to assist the Selection Committee to become acquainted with you in ways different from courses, grades, test scores and other objective data.

Continue on reverse side if needed.

Applicant Signature: _____ Date: _____



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