

NORTHWEST MISSISSIPPI COMMUNITY COLLEGE SURGICAL TECHNOLOGY PROGRAM
APPLICANT INTEREST FORM

Please complete the questions below in your own words, applying honesty and integrity throughout the response.

1. Why do you wish to gain acceptance into the Surgical Technology Program at Northwest Mississippi Community College?
2. What made you decide to pursue a career in healthcare?
3. Please tell us about your hobbies or interests.
4. If accepted, have you considered the time, financial, and academic investments to be successful in a program such as this? If Yes, please explain briefly.
5. Please provide an example of a time where you faced adversity, and how did you overcome it?

Applicant's Name & NWCC ID #

Date Completed