



RHSHS Application Fee Remittance Form

Please complete the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of online application submission: _____

Please mail this form, along with your check or money order to:

**Reading Hospital School of Health Sciences
Admissions
PO Box 16052
Reading, PA 19612-9909**