



APPLICATION FOR ADMISSION TO TRINITY HEALTH SYSTEM SCHOOL OF NURSING STEUBENVILLE, OHIO

Non-refundable application fee required: \$25.00

Make check payable to Trinity Health System School of Nursing

PLEASE TYPE OR PRINT IN BLACK INK

_____-_____-_____- ____/____/____
Social Security Number Today's Date

Last Name First Middle Suffix

Former Last Name(s) (if applicable)

Permanent Address Street or Box Number

City State Zip Code

Residence Past 12 Months (City and State)

(____)____-____ (____)____-____
Phone Number Cell Phone Number

E-Mail Address

Birth Date: ____-____-____
Month Day Year

Gender: Male Female

Marital Status: Single Married

Are You a U. S. Veteran? Yes No

Person to be Notified in Case of Emergency Relationship

Address City State Zip Code

Phone: (____) ____ - ____

Are you a U.S. Citizen? Yes No If no, then: are you
in the U.S. on a Visa? Yes No are you a permanent
resident? Yes No If you are not a U.S. citizen or
permanent resident, please provide:

Visa Type Visa No.

Race & Ethnicity Information

Federal law requires that Trinity Health System School of Nursing gather the following information regarding the ethnicity and race of its students. The law only requires educational institutions to report aggregate totals for each category. Therefore, Trinity Health System School of Nursing will never report information on individuals. We will keep your individual information strictly confidential. This information is for statistical purposes only and will not be used in the admissions' decision.

Do you consider yourself to be Hispanic/Latino? Yes No

Please select one or more of the following racial categories to describe yourself (Select one or more):

- American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 White

MALES ONLY (Important) Please check one: I certify that I am registered with Selective Service; my Selective Service registration number is _____. I certify that I am not required to be registered with Selective Service because (check one): I am under the age of eighteen I have attained the age of twenty-six.

Educational History

Are you a high school graduate? Yes No Please enter you graduation date (Month/Year) _____
Name of high school from which you graduated or will graduate: _____ City _____ St _____
If you did not receive a high school diploma, have you completed a GED? Yes No If yes, please enter year of Completion ____

List previous colleges and universities attended:

Name	City	St	Dates Attended	Dates Graduated	Diploma or Degree Received
_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	____/____/____	____/____/____	_____
_____	_____	_____	____/____/____	____/____/____	_____

If currently enrolled in college courses, list courses and course numbers and name of college:

Have you attended Trinity School of Nursing before? Yes No If yes, Last year and semester attended: _____

If you have attended a School of Nursing, please answer the following questions:

Name of School: _____ Entrance Date: _____

Type of School: _____ Length of Program: _____

Director of Program _____ Telephone (____) ____ - _____

How much of the program did you complete? _____

State the Reason for leaving or desiring to leave this program. _____

EMPLOYMENT: List all work experiences, both full and part-time, within the last five years, beginning with most recent:

From	Dates To	Title of Position	Employer	City and State

The Law regulating the practice of nursing states that the Ohio Board of Nursing may deny a convicted felon a license or the privilege of sitting for the examination (section 4723.28 of the Revised Code).

Do you have a felony conviction record? Yes No If yes, please explain on a separate piece of paper.

THE SCHOOL RESERVES THE RIGHT TO REQUIRE ADDITIONAL INFORMATION OR EXAMINATION SCORES TO DETERMINE ELIGIBILITY.

THE FOLLOWING STATEMENT IS PART OF THIS APPLICATION. READ IT CAREFULLY AND SIGN BELOW:

In filing this application, I declare the answers are true and understand that misrepresentation or omission of the facts whether intentional or not, shall be sufficient cause for automatic and immediate rejection of this application. In the event that approval has been granted prior to the discovery of such misrepresentation or omission, such discovery may result in reversal of the approval decision. I hereby authorize the School to make check of my health record, employment record, criminal background, and educational background.

Signature: _____ Date: _____

380 Summit Avenue Steubenville, OH 43952 (740) 283 – 7467 www.trinityson.com

The School of Nursing does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, or disability in the admission of students, employment of individuals, or in activities conducted by the School in accordance with Title IX of the 1972 Education Amendments.