

For Office Use Only:
 Date Received _____
 Received By- _____
 Fee _____



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

Non-refundable application fee required: \$25.00

Application type: Traditional _____ LPN to RN _____
 Transfer _____ Readmission _____
 Anticipated Entrance Year: 2020 _____ 2021 _____ 2022 _____

Checks payable to Trinity Health System School of Nursing

_____-_____-_____- / ____/____/____
 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

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
 Are you a permanent resident? Yes No
 Are you in the U.S. on a Visa? 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 :

I am under the age of 18 I have attained the age of 26.

Educational History

Are you a high school graduate? Yes No Please enter your 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 **ALL** previous colleges and universities attended:

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

If currently enrolled in college courses, or planning to take college courses, please list courses, course numbers, and name of college:

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

Have you ever been licensed as an LPN? _____ If yes, in which states _____

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

Name of School: _____ Entrance Date: _____

Location of School: _____

Type of School: _____ Length of Program: _____

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 license to an individual that has been convicted of, pled guilty to, or had a judicial finding of guilt for a felony, a crime involving gross immorality or moral turpitude, a misdemeanor drug law violation, or a misdemeanor in the course of practice.

Have you ever been convicted of or entered any plea to or agreement regarding a criminal misdemeanor or felony?

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:** _____

4000 Sunset Blvd, Suite 2623 Steubenville, OH 43952 (740) 266-1230 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, Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. The School will not tolerate conduct by any person, which constitutes sexual harassment, including sexual violence of any student/employee. The following person has been designated to handle inquiries regarding non-discrimination policies: Melissa Hassan MSN, RN, Director of Trinity School of Nursing, 4000 Sunset Blvd, Suite 2631, Steubenville Ohio 43952, 740-266-1221, mhassan@trinityhealth.com

Revised: 10/08,12/08, 3/10, 9/11,10/12, 5/13,1/2014, 9/2014, 9/2015, 9/2016, 10/2017, 1/2018, 9/2018, 9/2019, 12/2019