

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

APPLICATION FOR ADMISSION TO UPMC TRINITY SCHOOL OF NURSING STEUBENVILLE, OHIO

Non-refundable application fee required: \$25.00

Application type: Traditional _____ LPN to RN _____
Transfer _____ Readmission _____

Checks payable to UPMC Trinity School of Nursing

Anticipated Entrance Year: 2025 _____ 2026 _____ 2027 _____

_____-_____-_____/_____/_____
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:

Race & Ethnicity Information

Visa Type

Visa No.

Federal law requires that UPMC Trinity 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, UPMC Trinity 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 UPMC 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:

Dates		Title of Position	Employer	City and State
From	To			

The Law regulating the practice of nursing states that the Ohio Board of Nursing may deny a license to an individual that has pled guilty to, been convicted of, or been found judicially guilty of any crimes as specified in the List of Potentially Disqualifying Offenses on the Ohio Board of Nursing website.

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:** _____

380 Summit Ave. Steubenville, OH 43952 (740) 283-7637 www.trinityson.com

The School of Nursing does not discriminate on the basis of race, color, religion, sex, sexual orientation, gender identity, 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, Dean of UPMC Trinity School of Nursing, 380 Summit Ave., Steubenville Ohio 43952, 740-283-7273, , 10/1026

Revised: 12/2019, 1/2021, 11/2021, 7/2023, 8/2024, 10/2026