

Application for Admission Due by February 28



St. Joseph School of Nursing

200 High Service Avenue, North Providence, Rhode Island 02904

Applicants to the above named institution are selected in accordance with nondiscriminatory practices

You are urged to give careful consideration to each question on this form.

It is to your advantage to fill out this form completely and return it promptly to the School of Nursing.

(PLEASE PRINT or TYPE)

Date: Social Security Number:

Name:
Last First Middle Maiden Name

Signature: _____ Home Telephone Number:
Area Code Number

Home Address: Cell Phone Number:
Number and Street Area Code Number

E-mail Address:
City / State / Zip Code

US Citizen: YES NO Language(s) you speak other than English:

Date of Birth: Country of Birth:
Month - Day - Year

PERSON TO NOTIFY IN CASE OF EMERGENCY

Name:
Last First Middle Relationship

Home Address:
Number and Street City / State / Zip Code Telephone Number

FATHER'S NAME - (In Full)

Last

First

Middle

Date of Birth:

Month - Day - Year

LIVING

DECEASED

Education: (Please be as specific as possible: Number of years of High School, College, etc.)

Occupation:

MOTHER'S NAME - (In Full)

Last

First

Middle

Date of Birth:

Month - Day - Year

LIVING

DECEASED

Education: (Please be as specific as possible: Number of years of High School, College, etc.)

Occupation:

Who is your Legal Guardian:

PARENTS

OTHER

If 'OTHER', COMPLETE BELOW:

Name:

Last

First

Middle

Address:

Number and Street

City / State / Zip Code

Occupation:

Have you any person(s) dependent on you for support?

YES

NO

If 'YES' - Number of Dependents:

Do you have any responsibilities that might interrupt or interfere with your program studies?

YES

NO

If 'YES' - Identify:

Have you previously applied for admission to this school? YES NO Date:

Are you prepared to meet the expenses of the program in this school? YES NO

Will you be requesting financial assistance? YES NO

When do you desire to enter this school?

Give the names and addresses of three persons (not relatives) who know you and can give information about you [for example, include one from each-academic, employment, personal]. Within this website, there a form for 'Evaluation of Applicants Performance and Potential', which **MUST BE PRINTED AND MAILED** to each person you list below. Applicants for whom these forms are received are free to determine whether or not they wish to waive their potential right to examine the content of this evaluation. We request, but do not require, that you read and execute the waiver found at the back of each form.

1. Name **Position / Title**

Address

Number and Street City / State / Zip Code

2. Name **Position / Title**

Address

Number and Street City / State / Zip Code

3. Name **Position / Title**

Address

Number and Street City / State / Zip Code

OPTIONAL INFORMATION: This information is requested for statistical purposes only and will not be used in determining your admission status.

Please check the category that describes your ethnic identification

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White American |
| <input type="checkbox"/> Asian American or Pacific Islander | <input type="checkbox"/> Resident Alien |
| <input type="checkbox"/> Black American | <input type="checkbox"/> Non-Resident Alien |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Other |

Veteran YES NO

APPLICATION FEE

One Hundred Dollars (\$100.00) NON-REFUNDABLE . . . PERSONAL CHECKS WILL NOT BE ACCEPTED.
To be forwarded with application form.

CERTIFIED CHECK MONEY ORDER

CREDIT CARD INFORMATION

I authorize St. Joseph School of Nursing to charge:

VISA MASTERCARD DISCOVER AMERICAN EXPRESS

In the amount of \$100.00 for application fee.

Cardholder's Name:
Last First Middle Initial (If on card)

Cardholder's Address:
Number and Street

City / State / Zip Code

NUMBER **EXPIRATION DATE**

Cardholder's Signature: _____ **Date:** _____

REQUIRED ESSAY

In the space below, please write an account of:

1. Your experiences and activities since you last attended school, if more than six months have elapsed
2. All the things you have accomplished that have given you the greatest satisfaction
3. What you most enjoy doing in your leisure time
4. Your reasons for selecting nursing as a career
5. Any special reasons for desiring to enter this school
6. Your plans and aspirations for the future