

Saint Francis Medical Center College of Nursing

511 N.E. Greenleaf Street, Peoria, Illinois 61603
(309) 624-8980

Early Admission – High School Senior

Application for Admission to the Baccalaureate Nursing Program (BSN)

An application fee of \$50.00 which is non-refundable should be returned with this application. You are urged to give careful consideration to each question on the form. It is to your advantage to fill it out completely and return it promptly to the Admissions Office of the College of Nursing.

Please print or type.

Date: _____, 20_____ Social Security No: _____

Name: _____
(Last Name) (First Name) (Middle Initial) (Previous)

Home Address: _____
(Number and Street)

(City) (State) (Zip) (County)

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

U.S. Citizen? Yes No If no, you must submit the International Application.

Is English your first language? Yes No

The Test of English as a Foreign Language (TOEFL) is required of all applicants whose first language is not English. To satisfy this requirement, the applicant must take the TOEFL with a minimum score of 550 for paper/pencil or 79 for internet based test. Students who do not pass the TOEFL must confer with a representative of the Admissions Office and be considered by the Admissions and Progression Committee. Test scores cannot be more than two years old. The TOEFL exam is waived for applicants with an earned bachelor's or master's degree from a U.S. college or university.

Person to be notified in emergency: _____
(Name/Relationship) (Phone/Cell)

Response to the following is voluntary. The information is requested so that this institution may demonstrate its compliance with Federal regulations. Please check appropriate ethnicity option.

1. Designate ethnicity _____ Hispanic or Latino _____ Not Hispanic or Latino

2. Indicate one or more races that apply:

- | | |
|---|------------------------------------|
| _____ - American Indian or Alaska Native | _____ - Race and Ethnicity Unknown |
| _____ - Asian | _____ - Two or More Races |
| _____ - Black or African American | _____ - Unknown |
| _____ - Native Hawaiian or other Pacific Islander | _____ - White |
| _____ - Non-Resident Alien | |

Gender: Male Female

SECONDARY EDUCATION:

Name of High School: _____

Graduation Date: _____

Have you taken the ACT? Yes No Composite Score: _____

Have you taken the SAT? Yes No Composite Score: _____

What is your current high school grade point average? _____

What is your current high school class rank? _____ out of _____

When do you desire to enter this college? _____

Are you interested in student housing? Yes No

PLEASE SUBMIT AN OFFICIAL HIGH SCHOOL TRANSCRIPT AND ACT REPORT TO THE ADMISSIONS OFFICE.

How did you find out about Saint Francis Medical Center College of Nursing?

_____ - Newspaper

_____ - High School/College Counselor

_____ - Graduate of Program

_____ - Admissions Packet

_____ - Open House

_____ - College Night/Career Fair

Other (please explain): _____

ESSAY: Please explain:

- (1) Your reasons for selecting nursing as a career.
- (2) Any special reason for desiring to enter Saint Francis Medical Center College of Nursing.
- (3) Your plans and aspirations for the future.

Please attach your essay.

I verify that all the information given in this application is accurate to the best of my knowledge. I understand that inaccurate information on any part of the application may result in cancellation of admissions and/or registration.

Signature _____ Date _____

