

St. Luke's School of Nursing
Diploma Program
Bethlehem, Pennsylvania



APPLICATION FOR ADMISSION

INSTRUCTIONS: Please print or type responses to all applicable questions below and mail the completed, signed application, along with a **check or money order** in the amount of \$25.00, made payable to St. Luke's School of Nursing. **Please do not send cash.** Mail to: Admissions Office, St. Luke's School of Nursing, 801 Ostrum Street, Bethlehem, PA 18015. If you have any questions, please call the Admissions Office at (610) 954-3443. An online application is available on our website at www.sonstilukes.org

PERSONAL INFORMATION

Legal Name:

Social Security number:

First Name Middle Name Last Name

Former last name(s)/Maiden name, if any, under which transcripts, test scores or other information may be submitted:

Home phone number:

Home Address:

Alternate phone number:

Number Street R.D. / Box #

City State Zip

Email address:

County (not country): _____

Name & address of parent(s) or guardian(s):

Person to be notified in case of emergency:

Name: _____

Relationship: _____

Address: _____

Phone Number(s): _____

1. Please provide your desired date of entrance to St. Luke's School of Nursing: Beginning August, 200_____
2. Have you previously applied to St. Luke's School of Nursing? No ___ Yes ___ When? _____
3. Are you fluent in any of the following languages:
Spanish___ Italian___ German___ French___ Russian___ Chinese___ Vietnamese___ Other___
4. Are you a U.S. Citizen? Yes ___ No ___ If "no", country of citizenship: _____
If not a U.S. Citizen, are you a U.S. Permanent Resident? Yes ___ No ___
5. Were you educated outside the United States? Yes ___ No ___
Is your first language English? Yes ___ No ___

All applicants whose first language is not English or who were educated outside of the U.S. are required to take the Test of English as a Foreign Language (TOEFL). Please contact the Admissions Office at 610-954-3443 for more information on this requirement.

EDUCATIONAL AND CHARACTER INFORMATION

6. All applicants must hold a high school diploma or high school equivalency certificate (GED). Check which applies to you:

HIGH SCHOOL DIPLOMA _____

GED _____

7. List any and all high schools and post-secondary schools attended.

Please note: Attendance at all institutions must be reported at the time of application. An applicant's failure to disclose that he or she has taken a course(s) from another institution shall result in the denial or revocation of admission and dismissal from the School.

	<i>School Name</i>	<i>Date of Entrance</i>	<i>Date of Leaving</i>	<i>Diploma/Degree Received</i>
High School(s)				
College(s)				

8. Have you ever been convicted, pled guilty, entered a plea of nolo contendere, been found guilty by a judge or jury, of a felony or misdemeanor, or received probation without verdict, disposition in lieu of trial or an Accelerated Rehabilitative Disposition in the disposition of felony charge, in the course of the Commonwealth of Pennsylvania, the United States, or any other state, territory, possession, or country?

Yes ____ No ____ (If Yes, please explain, including date of conviction.)

9. Why did you choose the nursing profession and select St. Luke's School of Nursing to pursue your nursing education?

10. The nursing curriculum is challenging, labor intensive and requires more of a commitment and more time than many other courses of study. Students enrolled are therefore strongly advised to limit their hours of work and/or other non-student commitments during the academic year. What support system do you have in place to assist you in being successful in our program?
11. Please provide a brief chronology of what you have been doing since high school graduation, include both academic and work experiences (you may attach a resume).

THESE ITEMS ARE OPTIONAL - This information is requested for statistical use only in accordance with applicable federal regulations.

12. _____ Female _____ Male

13. How would you describe your predominant ethnic background?

- | | |
|---|--|
| _____ African American, Black | _____ Mexican American, Chicano |
| _____ Native Hawaiian, Pacific Islander | _____ Puerto Rican |
| _____ White or Caucasian | _____ Hispanic, Latino (<i>country</i> _____) |
| _____ Native American, Alaska Native (<i>tribal affiliation</i> _____) | |
| _____ Asian American (<i>country of family's origin</i> _____) | |
| _____ Asian, including from Indian Subcontinent (<i>country</i> _____) | |
| _____ Other (specify) _____ | |

14. _____ If Foreign, please list country of origin: _____

15. Date of birth: _____ / _____ / _____
Month Day Year

APPLICANT ACKNOWLEDGEMENT

As an applicant to St. Luke's School of Nursing ("St. Luke's"), I understand that all of the information I have provided on my application for admission and otherwise in connection with the application process will be relied upon by St. Luke's to determine my qualifications for admission. I hereby acknowledge that all of the information I have provided in response to inquires on this application for admission and all information I have provided otherwise in connection with the application process are true, correct and complete. I understand that any false, misleading, or incomplete answer, statement or implication made by me in connection with this application or the application process, or any failure to disclose any relevant information, shall result in the denial and/or revocation of admission to St. Luke's, including dismissal from St. Luke's, if matriculated, and may also lead to future denial and/or revocation of licensure in Pennsylvania as a Registered Nurse.

I hereby grant St. Luke's permission to investigate my personal, criminal, educational and employment background and history and to contact persons, organizations, institutions or government agencies who may have knowledge of me. In consideration for St. Luke's reviewing my application for admission, and intending to be legally bound, I hereby release St. Luke's School of Nursing, its parent, subsidiaries, affiliates, trustees, officers, employees and agents (collectively hereinafter referred to as "St. Luke's"), from any and all claims or liability, known or unknown, arising from St. Luke's investigating my background and all persons, organizations, institutions or government agencies supplying such information.

Finally, it is my understanding that I shall not be considered for admission to St. Luke's until I have submitted all credentials and otherwise satisfied all requirements for a timely and complete application for admission. I further understand that an applicant who satisfies all application requirements is not guaranteed admission into St. Luke's diploma program. I agree to inform St. Luke's of any changes in the information I have provided on this application or otherwise in connection with the application process. If St. Luke's offers me admission, and I decide to matriculate, I agree to comply with any and all of St. Luke's policies, rules and regulations, as amended from time to time.

Applicant's signature: _____ Date: _____

(Please do not forget to include your check or money order)

NOTICE OF NON-DISCRIMINATION POLICY

The St. Luke's School of Nursing is in compliance with applicable federal, state, and local laws, regulations and ordinances governing equal opportunity and non-discrimination, including without limitation, Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, as amended, Section 504 of the Rehabilitation Act of 1973, as amended, **the Americans with Disabilities Act of 1990**, and the Age Discrimination Act of 1975. The School of Nursing provides equal educational opportunity to qualified applicants and students and does not discriminate on the basis of age, sex, ancestry, race, color, national origin, religion or disability in recruitment and admission, educational programs and policies, housing, scholarships and loans programs, or nonacademic services such as recreation, counseling, or social activities. The Director is responsible for the implementation and coordination of equal opportunity in the School of Nursing.