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 Securi	ty No:
Name:(Last Name)	(First Name)	(Middle Initial) (Previous)
,	, , , , , , , , , , , , , , , , , , ,	•	(Flevious)
Home Address:(Number a	nd Street)		
(City)	(State)	(Zip)	(County)
Date of Birth:	First letter of your mother's maiden name:		
Home Phone:	Cell Phone:		
Work Phone:	Email:		
U.S. Citizen? Yes No	If no, you mus	st submit the Internatio	nal Application.
To satisfy this requirement, internet based test. Students and be considered by the A	the applicant must take the who do not pass the TOE dmissions and Progression	e TOEFL with a minim FL must confer with a Committee. Test score	cants whose first language is not English. hum score of 550 for paper/pencil or 79 for representative of the Admissions Office is cannot be more than two years old. The degree from a U.S. college or university.
Person to be notified in emerg	gency:(Name/Relations		(Phone/Cell)
Response to the following is compliance with Federal regu			is institution may demonstrate its
1. Designate ethnicity	_ Hispanic or Latino	Not Hispanic or La	tino
2. Indicate one or more races	that apply:		
- American Indian of Asian - Asian - Black or African Asian of Native Hawaiian of Non-Resident Alio	American or other Pacific Islander	- Race and - Two or M - Unknown - White	
Gender: Male Fema	ale		

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? _____ - High School/College Counselor - Newspaper- Graduate of Program- Admissions Packet ____ - Newspaper _____ - College Night/Career Fair ____ - Open House 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.

Cianatura	Data
Signature	Date