**LEARN WITH THE BEST**
**We prepare students for innovative practice excellence and values-based leadership**

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**St. John's College**
**Department of Nursing**
**729 E. Carpenter Street**
**Springfield, IL 62702**

**Welcome!**

**Thank you for requesting an application for admission to St. John's College, Department of Nursing. Founded by the Hospital Sisters of St. Francis, we are a special purpose college distinguished by our rich heritage and Franciscan values, educating students for a lifetime in nursing. We are accepting applications for prelicensure general and accelerated admissions students, RN-BSN students, and for Early Admissions High School seniors. If you are applying as a RN-BSN student, please return to the previous page for the RN-BSN application. Applications are processed as they become complete. When your completed application and documents are received, your record will be reviewed for admission to St. John's College.**

**Application Checklist**

- **___ Application**
- **___ $60.00 Application Fee**
- **___ Legal Proof of Name**
  (Photocopies are not acceptable only a certified document such as Birth Certificate or Marriage License is acceptable)
- **___ Official High School Transcript (if applicable)**
- **___ Official ACT or SAT Score (if available)**
- **___ Official TEAS V Score**
- **___ Official College Transcript(s) from all colleges previously enrolled**
  (Official transcripts must be mailed directly from the issuing college to us.)

**If you have any questions, please feel free to telephone the college at (217) 525-5628 or email Admissions@StJohnsCollegeSpringfield.edu. We look forward to receiving your completed application.**

# The Office of Admissions

## St. John's College

Department of Nursing

**729 E. Carpenter Street**
**Springfield, Illinois 62702**

## *Application Process:*

Complete the Application for Admission and return to the Office of Admissions. RETURN TO:

Admissions Office
St. John's College, Department of Nursing
729 E. Carpenter Street
Springfield, IL 62702

- Along with the application, please send legal document showing proof of name at time of application (Photocopies are **not** acceptable. Only a certified document such as a birth certificate, marriage license, and divorce decree is acceptable). If you do not feel comfortable mailing an official document, you may bring an official document to the college for the receptionist to copy.

- Applicants must submit proof of graduation from a high school approved by the State Board of Education via an official transcript or possession of a high school equivalency certificate verified by an official GED score report. Official High School transcripts for applicants should include ACT, SAT and Prairie State Achievement scores if available.

- A non-refundable application fee of $60.00 must accompany the application. Make check payable to St. John's College, Department of Nursing.

- Interview as requested by college.

- Applicants with English as a Second Language must submit official proof of the Test of English as a Foreign Language (TOEFL) and Test of Spoken English (TSE).

*All information requested must be submitted before the application can be processed. Please note that transcripts "issued to students" and/or hand delivered will not be accepted by the college as "official." All transcripts should be sent from the issuing institution to St. John's College directly.*

## *How to Apply for Financial Aid:*

To be considered for financial aid, a new student must do the following:

- Be fully admitted into the junior year at St. John's College, Department of Nursing.

- Complete the Free Application for Federal Student Aid (FAFSA). This form can be obtained by contacting the Financial Aid and Compliance Office at St. John's College, Department of Nursing or by contacting your current Financial Aid Office.

- It is strongly recommended that the FAFSA be completed on-line at www.fafsa.ed.gov. A PIN number that can be used in lieu of your signature can be obtained at www.pin.ed.gov. For further details, contact the Financial Aid and Compliance Officer at St. John's College, Department of Nursing.

- You should submit your FAFSA as early as possible but no earlier than January 1.

- To be considered for financial aid, students do not have to send in a tax return unless requested to do so by the Financial Aid and Compliance Officer. All financial aid must be renewed on a yearly basis.

**For Office Use Only**
**Received:** _____
**Fee:** _____

# Application for Admission

All information will be held in strict confidence

I am applying for admission as: (check one)

☐ Prelicensure General Admission Student *(after 30 semester hours of college credit)*

☐ Prelicensure Accelerated Program (students with a Bachelor's degree in another area)

☐ Early Admission *(High School Senior)*

☐ Non-degree / Non-enrolled student

☐ Re-admitted student

☐ Transfer student *(from another BSN program)*

I wish to apply as a:

☐ Full-time student

☐ Part-time student

My proposed enrollment date is: Fall _____
(Year)

## PERSONAL INFORMATION

Legal Name: *(Last)* _____ *(First)* _____ *(M.I.)* _____ *(Nickname)* _____

Former Legal Name/s: *(if applicable)* _____ Social Security Number: _____

Date of Birth: *(M/D/Yr.)* _____ Age: _____ Gender: _____

Current Address: *(Street)* _____

*(City/State)*_____ *(Zipcode)* _____

Preferred Phone Number: (area code) (_____) _____ Home ☐ Cell ☐ Work ☐

Secondary Phone Number: (area code) (_____) _____ Home ☐ Cell ☐ Work ☐

E-mail _____ @ _____

Permanent mailing address: *(Street)* _____

*(If different than above)* *(City/State)*_____ *(Zip)* _____

Emergency Contact Information:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Are you a U.S. Citizen? ☐ Yes ☐ No If no, what is your visa status? _____

Expiration date on current visa _____

# ACADEMIC INFORMATION

**High Schools attended:**

NAME OF SCHOOL: CITY/STATE

_____

_____

Date of High School Graduation: _____ from _____

*Month Day Year* *High School*

If state equivalency (GED), completion date: _____ / _____

*(Month)* *(Year)*

**HIGH SCHOOL SENIORS ONLY!**

What is your current class rank? _____ out of _____

What is your current Grade Point Average? _____

Have you taken the ACT/SAT? ☐ Yes ☐ No Composite score: _____

Have you taken the TEASV? ☐ Yes ☐ No Date Completed or Registered to Take: _____

Are you a licensed LPN? ☐ Yes ☐ No CNA? ☐ Yes ☐ No Paramedic? ☐ Yes ☐ No EMT? ☐ Yes ☐ No

Program/School: _____Date of Completion: _____

List all college, universities you have attended or plan to attend:

| NAME OF INSTITUTION | CITY/STATE | DATES ATTENDED (FROM-TO) | DEGREES/CREDIT HOURS EARNED |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

List all college courses
In which you are currently enrolled:

| COURSE TITLE/ NUMBER | INSTITUTION | TERM |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

In which you plan to enroll:

| COURSE TITLE/NUMBER | INSTITUTION | TERM |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

If you need more space, please use a separate sheet of paper.

## GENERAL INFORMATION

How did you first become interested in applying to St. John's College?

☐ Admissions Representative ☐ Alumni ☐ Students ☐ Faculty ☐ Parents ☐ Friends

☐ High School Counselor High School: _____

☐ College Counselor College: _____

☐ Open House ☐ Mailings ☐ other: (specify) _____

Do you know someone who has attended or is currently St. John's College? ☐ Yes ☐ No

If yes, please give their name: _____

Do you have any relatives who graduated from St. John's School of Nursing or St. John's College? ☐ Yes ☐ No

If yes, please give their name: _____ Relationship: _____

Have you met with the admissions officer before or visited the college? ☐ Yes ☐ No

## OPTIONAL INFORMATION

The following questions on ethnicity are optional for you to answer. However, in order to demonstrate compliance with Federal Education Guidelines, we are required to ask them.

First, please designate your ethnicity as:

☐ Hispanic or Latino
☐ Not Hispanic or Latino

Second, indicate one or more races that apply to you among the following:

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Race and ethnicity unknown

## CERTIFICATION STATEMENT

I hereby apply for admissions to St. John's College, Department of Nursing.

I certify that the information provided on the application is accurate and complete to the best of my knowledge. I understand failure to provide correct or complete information is sufficient cause for reconsideration of my admission status. I also understand that I may jeopardize my status in the nursing program if willful omission of or falsification of information is determined after my admission.

It is my intent to pursue a course of study to earn a degree as a graduate of St. John's College, Department of Nursing.

I am enclosing the non-refundable $60 application fee.

Signature: _____ Date: _____

St. John's College, Department of Nursing is an equal opportunity educational institution. Consideration for admission is granted without regard to race, color, religion, sex, national origin, ancestry, age, marital status, handicap or veteran status.

Mail to: St. John's College, Department of Nursing, 729 E. Carpenter Street, Springfield, IL 62702