LEARN WITH THE BEST
Preparing the RN-BSN student for a lifetime in nursing

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, RN-BSN program. Founded by the Hospital Sisters of St. Francis, we are distinguished by our rich heritage and Franciscan values. At St. John's College, our full-time faculty prepare our RN-BSN students to enhance their practice to improve patient outcomes and provide each student with a solid foundation for graduate education. Continuing the legacy of our founders, our students are prepared for a lifetime of learning and values-based nursing leadership.

We are presently accepting applications for the Fall 2013 and January 2014 semesters. Applications are processed as they become complete. When your completed application, application fee, and the documents requested below are received, your file 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)
- **___ Proof of Unencumbered Registered Nursing License**
- **___ Official High School Transcript (if applicable)**
- **___ 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 the following to the Office of Admissions.

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

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

- Legal documentation of your current Registered Nursing License

- 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 You may also bring an official document to the college for copying.

- 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.

- College transcripts from **every** college attended. . *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.*

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

How to Apply for Financial Aid:

To determine if you are eligible 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
RN-BSN Program

All information will be held in strict confidence

I am applying for admission for: (check one)

☐ RN-BSN Program (*all prerequisites completed*)

☐ Lincoln Land Community College Dual Admission

☐ RN non-degree seeking student (*prerequisites pending completion*)

☐ RN seeking continuing education hours through academic coursework

☐ Re-admitted student

☐ Transfer student *(from another RN-BSN program)*

I wish to apply as a: ☐ Full-time student ☐ Part-time student

My proposed enrollment date is: Fall _____ (Year) Spring _____ (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)*

Nursing Education completed:

ASN/ADN ☐ Diploma ☐ State: _____

Do you have a history of discipline or restrictions on my RN license? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

_____

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

☐ 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/s: _____

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/s: _____ 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