

# 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 at the College of Nursing.

***Please print or type.***

Date: \_\_\_\_\_, 20\_\_\_\_\_ Social Security #: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Name) (Previous)

Home Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip Code) (County)

Date of Birth: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

U.S. Citizen:  Yes  No

Person to be notified in an emergency: \_\_\_\_\_  
(Name/Relationship) (Telephone/Cell)

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

Indicate one or more races that apply:

- American Indian/Alaskan
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White

Gender:  Male  Female

## SECONDARY EDUCATION:

Name of High School: \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Have you taken ACT?  Yes  No Composite Score: \_\_\_\_\_

What is your current Grade Point Average? \_\_\_\_\_

What is your current class rank? \_\_\_\_\_ out of \_\_\_\_\_

When do you desire to enter this college? \_\_\_\_\_

### **PLEASE SUBMIT AN OFFICIAL HIGH SCHOOL TRANSCRIPT AND ACT REPORT TO 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) Your reason for selecting 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 \_\_\_\_\_