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 484-526-3443. An online application is available on our website at www.sonstlukes.org

PERSONAL INFORMATION

Legal Name	:		Social Security number:	
First Name	Middle Name	Last Name		
	name(s)/maiden name, if a est scores or other inform		Date of birth:	
Home Addre	ess:		Primary phone number:	
Number	Street	R.D. / Box #		
City	State	Zip	Alternate phone number:	
County (not country):			Email address:	
Address:	are optional - This infor		Relationship: Phone Number(s):	
Gender:	Female Male	e		
How would	you describe your predo	minant ethnic backgroui	nd?	
	American Indian	American race / Other Pacific Islander		

EDUCATIONAL AND CHARACTER INFORMATION

i iease provide yo	our desired date of entrance to St. Luke's S	chool of Nursing. b	- 8	,	
Have you previou	ously applied to or attended St. Luke's School of Nursing?				
□No □Yes. If	yes, when?				
Do you work or h	nave you ever worked at St. Luke's Hospit	al & Health Network	:?		
□No □Yes. If	yes, when?				
Are you fluent in	any of the following languages: English	sh only			
☐Spanish, ☐Ital	☐ Italian, ☐ German, ☐ French, ☐ Russian, ☐ Chinese, ☐ Vietnamese, ☐ Other				
Are you a U.S. C	Are you a U.S. Citizen?				
	f not a U.S. Citizen, are you a U.S. Perman	ent Resident? Ye	es No. If no.	, what is your coun	
Were you educate	ed outside the United States?				
□No □Yes. If	f yes, where?	Is your f	first language E	nglish? Yes	
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$\underline{\textbf{EDUCATIONAL AND CHARACTER INFORMATION}} - continued$

10.	Have you ever been suspended, dismissed or asked to resign from any job or work experience, including internship, observation or volunteer experience?				
	☐No ☐Yes. If yes, please explain, including dates. (You may attach a separate sheet.)				
11.	Please list and explain all convictions, guilty pleas and nolo contendere pleas (except for minor traffic violations not related to the use of drugs or alcohol). This includes but is not limited to misdemeanors, felonies, driving under the influence (DUI) and driving while intoxicated (DWI). Crimes must be reported even if your sentence is/was suspended such as a result of entry into the Accelerated Rehabilitative Disposition program or ARD. Dates and location(s) must be included in your explanation. Please specify Pennsylvania or any other state, territory, possession or country whether in the U.S. or abroad. (You may attach a separate sheet.)				
	Check here if not applicable.				
12.	Why did you choose the nursing profession and select St. Luke's School of Nursing to pursue your nursing education? (You may attach a separate sheet)				
13.	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? (You may attach a separate sheet.)				
14.	Attach a resume to provide a brief chronology of what you have been doing since high school graduation, accounting for ALL periods of time, including the dates and locations, for each academic, personal and/or work experience Explain any time gaps and what you were doing.				

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.

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!

(Revised 8/2011)