Date: _____

FORT SCOTT COMMUNITY COLLEGE
DEPARTMENT OF NURSING
STUDENT APPLICATION

<u>DEADLINES</u>: Applications for the August/Fall class will be accepted until May 1st
Applications for the January/Spring class will be accepted until December 1st

Name: _____ Soc. Sec. #: _____-_____-_____
      Last   First   Middle   Maiden

Address: _____

City/State/Zip: _____ County: _____ Length of Residence: _____

Email: _____ Phone #: _____

I am applying for: ___ Fall or Spring Class – Fort Scott Only (Limit 20)
                 _____ LPN Advance Standing/Transfer (5 additional students)

Have you ever attended or applied to any nursing program? ___ Yes ___ No

If yes, give name and address of school: _____

_____ Dates attended: _____

<u>WORK EXPERIENCE</u>: (In the last ten years – attach additional page if needed. List most recent employer first.)

Type of Work	Name of Employer	Complete Address	Date Employed From	To	Reason Leaving

If you need financial assistance with your education, call the Financial Aide Officer on our campus -1-800-TRI-FSCC (800-874-3722).

<u>REFERENCES</u>: Give the names of at least three persons who can give references to academic ability &/or job performance. These will be the same as those completing your reference forms. **Do <u>NOT</u> list relatives or close friends.**

	NAME	COMPLETE ADDRESS	OCCUPATION
1.			
2.			
3.			

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please explain: _____

_____

_____

Describe why you have chosen nursing as a profession:

_____

_____

_____

If you attend school at FSCC and have to work, how do you plan to manage school and work responsibilities?

_____

_____

_____

The Department of Nursing recommends that nursing students not work more than 20 hours per week and require students not to work the shift prior to a clinical experience. Do you plan to adhere to this recommendation and requirement? Yes ___ No ___

If no, please explain:

_____

_____

_____

Have you ever had unpleasant experiences working with people in an employee/employer relationship? Yes ___ No ___

If yes, please explain:

_____

_____

_____

RE: 120975; 121278; 090281; 060986; 051388; 041890; 051492; 030700; 100702; 070307; 082108; 052914; 061318

Application