



Application for Admission – School of Nursing

- Please enclose a \$50 (non-refundable) Application Fee along with this application. Please make check and/or money order payable to: **HVK School of Nursing**. Send your application: ATTN. Admission Office, 25 Heckel Road, McKees Rocks, PA 15136.
 - Applications to HVK School of Nursing are selected in accordance with nondiscriminatory practices.
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You are encouraged to give careful consideration to each question on this form. Please fill out this application completely and return promptly to HVK School of Nursing.

Please print or type information:

Date: _____

Name: (First) _____ **(Middle)** _____ **(Last)** _____

Previous Name (if applicable): _____ **SSN:** _____

Address: (Street) _____

(City) _____ **(State)** _____ **(Zip)** _____

Have you resided at the above-mentioned address for at least a year or more? Yes ___ **No** ___

If not, please provide your previous address:

Phone Number: (Home) _____ **(Cell)** _____

Email: _____ **Date of Birth** _____

Emergency Contact: (Name) _____ **(Phone)** _____

Are you a U.S. citizen? Yes____ No____

If no, do you have a permanent resident card? Yes____ No____

Card Number: _____

Please provide a copy of your Permanent Resident Card or Visa with your application

Are you interested in the HVK School of Nursing Full Scholarship Program? Yes____ No____

Will you be receiving:

US Veterans benefits? Yes____ No____

Unemployment Compensation benefits for educational re-training during attendance: Yes____ No____

Have you applied for education funding through Career Link, if applicable: Yes____ No____

Will you be applying for financial assistance while in attendance? Yes____ No____

Have you completed a FAFSA for the current academic year? Yes____ No____

Are you in default or overpayment on any previous student loans? Yes____ No____

How did you hear about our program? Please put a check mark on any of the following that apply:

____ College Fair	____ Television	____ OVH employee	____ Other
____ Open House	____ Friend	____ OVH patient	
____ High School Visit	____ Current Student	____ Website	
____ Shadow Experience	____ Alumnus	____ Radio	

Have you ever taken a college and/or nursing entrance examination? Yes____ No____ If so, please list:

SAT Score (Reading)_____ (Math)_____ ACT Score (Reading)_____ (Math)_____

Nursing: (Name of exam)_____ Score_____

Have you ever applied to HVK School of nursing program before? Yes ___ No ___

If yes, when? _____

Have you attended a nursing program before? Yes ___ No ___

If yes, please check type: ___ BSN ___ ADN ___ Diploma ___ LPN

Program Name: _____ Dates: _____

Where: _____ Reason for leaving: _____

Have you ever pled guilty or been convicted of a crime? Yes ___ No ___

If yes, please describe ALL offenses with date(s), outcome(s), and location of court(s).

CRIMINAL BACKGROUND CHECK

CRIMINAL, AND CHILD ABUSE CLEARANCES (ACT 33/34)/ FBI FINGERPRINTING

Act 33/34 Criminal, child abuse background checks and Act 72 FBI fingerprinting will be completed on all students prior to the first day of class (students are responsible for fees associated with clearances). Prior conviction of a felony or certain misdemeanors, other than minor traffic offenses, may make students ineligible to participate in various clinical experiences and possibly may make it impossible for an individual to complete the scheduled program of study. Additionally, prior conviction of a felony or misdemeanor may make students ineligible for professional licensure, professional certification, or professional registration, dependent upon the specific regulations of individual health professions and state of practice. It is the student's responsibility to obtain verification of ability to acquire licensure through the Pennsylvania State Board with said violation.

A person convicted of any felonious act may be prohibited from licensure by the State Board of Nursing at any time. Acceptance into the HVK School of Nursing does not guarantee approval by the State Board of Nursing to permit licensure.

If a student is charged of a felony, misdemeanor, or other various offense, other than a minor traffic offense, during the time they are a student, it is the student's responsibility to notify the Director, School of Nursing. A conviction may lead to program dismissal due to the inability to obtain state licensure. Any false statements made by the applicant at any time during the application process, or refusal to submit or consent to a criminal and child abuse background check will disqualify the applicant from participation in laboratory/clinical aspects of the program. If you have any questions or concerns regarding the criminal and child abuse background check, contact the Admissions Office.

All background checks must be completed by the start of classes. Students must adhere to the deadlines set by the Admissions Office and the faculty to file the background checks. All students must comply with this requirement. The student cannot attend class or clinical experience if this requirement is not satisfied and may fail the course due to missed experiences if this requirement is not satisfied. HVK SON is required to give proof to the clinical agencies that students have passed the criminal and child abuse background checks.

EDUCATION: List ALL schools attended

For the graduating high school senior or the high school graduate, please request that your high school(s) mail an OFFICIAL transcript to the HVK School of Nursing Admissions Office. If you are currently in high school, request an unofficial copy for review and have your school mail an OFFICIAL copy of your FINAL transcript to the Admissions Office, upon graduation.

For high school completed by GED, have an official copy of your scores and official high school transcript (up to time of withdrawal/dismissal) sent directly to the HVK School of Nursing Admissions Office.

Date(s)- Start/end	High School	City/State	Diploma/GED

POST-SECONDARY EDUCATION: List ALL schools attended beyond high school beginning with your current or most recent institution. Report all schools whether or not credit was earned. Attach a supplemental list if necessary. Request that EACH institution mail an OFFICIAL transcript directly to the HVK School of Nursing Admissions Office.

Date(s)- Start/end	College/University/Trade	City/State	#Credits	Credentials Earned (Degree/Diploma/Certificate)

CERTIFICATION

I hereby certify that all statements on this application and essay are correct to the best of my knowledge and that I understand that falsifications or omissions of information may result in disqualification or dismissal of this application to the HVK School of Nursing program. I authorize official representatives of the HVK School of Nursing to verify information provided in this application. Application materials submitted as part of the application process will become the property of HVK School of Nursing. Materials will NOT be returned. Please keep a copy for your records, if desired before submitting. I agree to abide by the policies and regulations of the HVK School of Nursing program. Please note: Drug and alcohol screenings will be required of students as a condition of eligibility to participate in theory, laboratory, clinical, practicum classes or all school and/or hospital activities.

Signature: _____ **Date:** _____