

For Office Use Only
 Year Applying for _____ Please do not write in this space. Application & Fee Received _____

**NEOSHO COUNTY COMMUNITY COLLEGE
 MARY GRIMES SCHOOL OF NURSING**
Student Nursing Application

Complete and return with \$90 application fee (non-refundable), payable to NCCC, to campus preference.

Campus Preference: [] Chanute [] Ottawa

Name _____
Last First Middle Maiden

S.S.# _____

Any other last names used _____

NCCC ID# _____

Address _____
Street City State Zip

Cell phone _____

County of Residence _____

*Date of Birth _____

E-Mail address _____

U.S. Citizen [] Yes [] No **NURSING INFORMATION MEETING DATE (required)** _____

Emergency Contact: Name _____

Relationship _____

Address _____
Street City State Zip

Phone _____

EDUCATIONAL BACKGROUND

Are you a high school graduate? [] Yes _____ [] No
(Year)

If no, do you have a high school equivalent (GED)? [] Yes _____ [] No
(Year)

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

If yes, give name and location of school: _____

_____ Dates attended : _____

Reason for leaving: _____

EDUCATIONAL RECORD

Name of School	Location	Dates	Grades or
		<small>Attended</small>	<small>Credits Completed</small>

High School: _____

Colleges: _____

Please indicate the year, grade and college of the following courses you have completed or mark an "X" in the currently enrolled box.

Course	Year	Grade	Currenly Enrol led	College Abbr.
Basic Math				
General Psychology (3)				
Human Anatomy and Physiology with lab (5-8)				
English Composition I (3)				
Developmental Psychology (3)				
Microbiology with lab (5)				
English Composition II (3)				
Computer Lit. 1 cr.hr. OR Applications 3 cr. hr. (0)				

WORK EXPERIENCE (within last ten years)

Type of Work	Name of Employer	Location	Date Employed		Reason for Leaving
			From	To	

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, explain: _____

Are you Interested in the KU/NCCC Partnership Program? YES NO or Grand Canyon YES NO

You must complete ALL General Education Classes required for the KU BSN program to qualify for this concurrent program at Neosho County Community College. Please attend a Nursing Information Meeting, or contact Kelly Hamm or Melodie Milliken, for more information.

AFFIDAVIT: To be completed and signed **BEFORE** a notary public.

STATE OF _____ COUNTY OF _____ ss:

Being duly sworn, I state that I am the person referred to in the foregoing Student Nursing Application; that the statements made therein are true and correct in every respect; and that I have read and understand this affidavit.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public

My appointment expires: _____

IF ANY INFORMATION CONTAINED HEREIN IS FOUND TO HAVE BEEN FALSIFIED, THIS APPLICATION MAY BE WITHDRAWN AND APPLICANT MAY BE ASKED TO WITHDRAW FROM THE SCHOOL.

*Information optional. It is the policy of Neosho County Community College not to discriminate on the basis of age, race, religion, color, sex, physical handicaps, national origin, or ancestry in its admission. A statement of race and financial status is used only for statistical information required on state and federal forms.

Applicants are advised that disclosure of their social security number, date of birth, and information regarding conviction of crimes/infractions is required information for state board applications but is not used to determine a student's eligibility into the nursing program.

The applications of students listing crimes/infractions will be reviewed by the Kansas State Board of Nursing's Investigative Committee and may affect the approval of the application by the Board of Nursing.