



**OUR LADY OF LOURDES SCHOOL OF NURSING  
1600 HADDON AVENUE, 5<sup>TH</sup> FLOOR PAVILION BUILDING  
CAMDEN, NJ 08103**

**APPLICATION FOR ADMISSION**

*Our Lady of Lourdes School of Nursing does not discriminate in admissions or access to its program and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.*

*Our Lady of Lourdes School of Nursing is committed to complying with all state and federal laws prohibiting discrimination. Applicants to the School of Nursing must have the ability to satisfactorily meet the cognitive, physical and emotional requirements of the Nursing curriculum.*

Date: \_\_\_/\_\_\_/\_\_\_\_\_

**PERSONAL INFORMATION:**

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

\_\_\_\_\_  
Previous Name (If Applicable)

**Mailing Address:**

\_\_\_\_\_  
(Street) (City or Town)

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

**Contact Information:**

\_\_\_\_\_  
(Home Phone) (Cell Phone) (Work Phone)

\_\_\_\_\_  
(E-mail address)

U.S. Citizen: \_\_\_\_\_ Yes \_\_\_\_\_ No If No, are you a permanent resident? \_\_\_\_\_ Yes \_\_\_\_\_ No

EMERGENCY CONTACT:

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Name	Relationship	Phone Number
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**Gender, Birth Date and Ethnicity**

\*Responses to Gender, Birth Date and Ethnicity and Race are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of this application.

Gender:  M  F Birth Date: \_\_\_/\_\_\_/\_\_\_\_\_

Ethnicity/Race

- American Indian or Alaskan Native  Asian or Pacific Islander  
 Hispanic  Black/Non-Hispanic  White, Non-Hispanic  
 Other/Unknown

**ACADEMIC HISTORY:** List all colleges, universities and institutions attended, including high school. List most recent first.

Name \_\_\_\_\_ Location \_\_\_\_\_ Degree \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_ Degree \_\_\_\_\_ Dates \_\_\_\_\_

Name \_\_\_\_\_ Location \_\_\_\_\_ Degree \_\_\_\_\_ Dates \_\_\_\_\_

**WORK HISTORY:**

Veteran of the Armed Forces?  Yes  No

Occupation/Job Title	Employer	Start/End Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any special recognitions/awards given for academic achievement:

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How did you learn about Our Lady of Lourdes School of Nursing?

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Have you previously applied to Our Lady of Lourdes School of Nursing?

Yes  No

Are you applying for readmission?

Yes  No

On a separate sheet of paper, submit an essay explaining why you wish to enter the Nursing profession. Describe some of the experiences that influenced your decision. Your essay should be a minimum of 100 words.

***The following information must be mailed directly to:***

***Coordinator of Student Affairs  
Our Lady of Lourdes School of Nursing  
1600 Haddon Avenue  
Camden, NJ 08103***

- **Official** high school and/or GED transcripts
- **Official transcripts** from any and all previously attended colleges
- A copy of your pre-entrance test results
- Two (2) letters of reference from an employer or instructor. High school senior should obtain one (1) letter from your guidance counselor. If you have attended another Nursing program, at least one (1) letter must be from a former instructor.
- The completed "Abilities Considered Essential for Nursing Practice" form.

***A \$50.00 non-refundable application fee must be mailed to the Coordinator of Student Affairs. Please make check payable to "Our Lady of Lourdes School of Nursing". Your application will not be processed without this fee.***

08/19/10