

THE WESTERN PENNSYLVANIA HOSPITAL SCHOOL OF NURSING

INSTRUCTIONS FOR APPLICANTS

I. Complete the application:

- A. Complete the APPLICATION FOR ADMISSION.
- B. Read the CRIME STATISTICS sheet and the DISCLOSURE STATEMENTS pertaining to:
 - 1. Retention rate and cohort completion rate
 - 2. Result of achievement on standardized tests
 - 3. Number of graduates
 - 4. Pass rates on NCLEX
 - 5. Employment rate for graduates
 - 6. Felonious acts
- C. SIGN AND DATE the application.
- D. Enclose the **non-refundable** fee of \$25.00 in the form of a check or money order made payable to: **The Western Pennsylvania Hospital**
- E. Send the signed application and fee to:
Admissions Office
The Western Pennsylvania Hospital School of Nursing
4900 Friendship Avenue
Pittsburgh, Pennsylvania 15224

II. Request that the following materials be sent to the School of Nursing:

- A. Official high school transcript or G.E.D. scores (if applicable).
- B. Official transcripts from all post-secondary educational institutions.
- C. SAT scores (if not printed on high school transcript).

III. After the application has been received, reference forms will be mailed to you.

A minimum of two, preferably four, references are required from individuals other than relatives, such as: teachers, counselors, employers, nurses or clergy. References should be returned to the School as soon as possible to facilitate the application process.

THE WESTERN PENNSYLVANIA HOSPITAL SCHOOL OF NURSING

APPLICATION FOR ADMISSION

The Western Pennsylvania Hospital, School of Nursing, 4900 Friendship Avenue, Pittsburgh, PA 15224

The Western Pennsylvania Hospital School of Nursing is in compliance with federal, state, and city of Pittsburgh laws, regulations and ordinances governing equal opportunity and non-discrimination. The School does not discriminate in the recruitment and admission of students or in the operation of its education programs and activities. Equal opportunity to applicants and students is provided regardless of age, sex, sexual orientation, creed, ancestry, place of birth, race, color, religion, national origin or disability.

A check or money order in the amount of \$25.00 made payable to The Western Pennsylvania Hospital is required to cover the cost of processing the application. Send the completed application with fee to the Admissions Office at the above address.

Please type or print in ink.

PERSONAL

Date of Application _____ Date of Desired Admission _____

Name _____
Last First Middle Previous

Present Address _____
Number and Street City or Town

County _____ State _____ Zip _____ Telephone No. (____) _____

Permanent Address _____
Number and Street City or Town

County _____ State _____ Zip _____ Telephone No. (____) _____

United States Citizen? Yes No Social Security Number _____

EMPLOYMENT

If you have ever been employed, complete the following, including service in any branch of the United States armed forces.

Table with 4 columns: Place of employment, Address of employment, Type of employment, Dates of employment. Contains 4 empty rows for data entry.

EDUCATION

Information on high schools attended, including ninth grade:

Name of high school	Address	City, state	Dates of attendance (from and to)	Date of graduation

Date of Completion of G.E.D. (if applicable) _____

Information on other courses and schools beyond high school:

Name of school or college	Address	City, state	Major/course	Dates of attendance (from and to)	Date of diploma/degree

What activities or experiences have contributed to your personal growth and have influenced your decision to become a nurse?

Why have you chosen a diploma school of nursing, and, more specifically, why have you chosen The Western Pennsylvania Hospital School of Nursing?

*I hereby certify that the foregoing statements are true and correct and I have read the **DISCLOSURE STATEMENTS** and the **CRIME STATISTICS**.*

I understand that the School of Nursing may consider any false or incomplete statement on this application sufficient cause for rejection of this application or subsequent dismissal.

I understand that The Western Pennsylvania Hospital School of Nursing may ask me to sign additional consents and authorizations.

Signature

Date

