



THE WESTERN PENNSYLVANIA HOSPITAL

WEST PENN ALLEGHENY HEALTH SYSTEM
SCHOOL OF NURSING
(Diploma Program)

in affiliation with



(Member of the State System of Higher Education)
(Allied Health or Non-degree)

application for admissions

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

A non-refundable application fee in the amount of \$75.00 in a check or money order made payable to "The Western Pennsylvania Hospital" is required to cover the cost of processing the application. Please send the following to the address above:

- Application
- \$75.00 Fee
- High school transcript
- College transcript(s)

Please note that your acceptance into The Western Pennsylvania Hospital School of Nursing does not assure acceptance into Clarion University. Clarion University will review your application materials before making a decision regarding acceptance.

Please type or print in black or blue ink.

PERSONAL

Social Security Number _____ - _____ - _____

Term: Year _____ Fall (Aug.) _____ Winter (Nov.) _____ Spring (Feb.) _____ Summer (Apr.) _____

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

Present Address: _____
(Number and Street) (City or Town)

County _____ State _____ Zip _____ Phone (_____) _____

Permanent Address: _____
(Number and Street) (City or Town)

County _____ State _____ Zip _____ Phone (_____) _____

Are you a citizen of the United States of America? Yes ___ No ___

Clarion University: For admissions consideration to Clarion University, please circle one of the following options:
Allied Health or Non-degree (only for students transferring more than 6 credits)

EDUCATION

Official high school transcripts, including ninth grade. Clarion University requires SAT/ACT scores for students who graduated less than 3 years ago and have not attended a college.

(Official Name) (Address including city & state) (Dates attended) (Date of Graduation)

(Official Name) (Address including city & state) (Dates attended) (Date of Graduation)

GED: Yes ___ No ___ Date of Completion _____ (Please provide original report of test scores)

(continued on back)

EDUCATION (continued)

Official transcripts of other courses and schools beyond high school:

(Official Name)	(Complete address)	(Date attended from and to: month/year)	(Date of diploma/degree)	(Major)
(Official Name)	(Complete address)	(Date attended from and to: month/year)	(Date of diploma/degree)	(Major)
(Official Name)	(Complete address)	(Date attended from and to: month/year)	(Date of diploma/degree)	(Major)

(Please use a separate sheet of paper to list any additional post high school attendance.)

EMPLOYMENT

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

(Place of employment)	(Address)	(Type and date of employment)
(Place of employment)	(Address)	(Type and date of employment)
(Place of employment)	(Address)	(Type and date of employment)

What activities or experiences have contributed to your personal growth and have influenced your decision to become a nurse? (Please use a separate sheet of paper if not enough space for the narrative)

Why have you chosen a diploma school of nursing, and, more specifically, why have you chosen The Western Pennsylvania Hospital School of Nursing? (Please use a separate sheet of paper if not enough space for the narrative)

The Western Pennsylvania Hospital School of Nursing and Clarion University of Pennsylvania are in compliance with federal, state, and city of Pittsburgh laws, regulations and ordinances governing equal opportunity and non-discrimination. The Western Pennsylvania Hospital School of Nursing and Clarion University do not discriminate in the recruitment and admission of students or in the operation of education programs and activities. Equal opportunity to applicants and students is provided regardless of race, color, religion, sex, national origin, disability, age, sexual orientation/affection, veteran status or other classifications that are protected under Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and other pertinent state and federal laws and regulations.

I hereby certify that the foregoing statements are true and correct and I have read the Disclosure Statements. I understand that The Western Pennsylvania Hospital School of Nursing and Clarion University of Pennsylvania 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)