

# Saint Francis Medical Center College of Nursing

511 N.E. Greenleaf Street, Peoria, Illinois 61603  
(309) 624-8980

## Application for Admission to the Baccalaureate Nursing Program (BSN)

An application fee of **\$50.00 which is non-refundable** should be returned with this application. You are urged to give careful consideration to each question on the form. It is to your advantage to fill it out completely and return it promptly to the Admissions Office of the College of Nursing.

-----  
**Please print or type:**

Date: \_\_\_\_\_, 20\_\_\_\_\_ Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial) (Previous)

Home Address: \_\_\_\_\_  
(Number and Street)

\_\_\_\_\_  
(City) (State) (Zip) (County)

Date of Birth: \_\_\_\_\_ First letter of your mother's maiden name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Person to be notified in emergency: \_\_\_\_\_  
(Name/Relationship) (Phone/Cell)

-----  
Are you a U.S. Citizen? Yes \_\_\_ No \_\_\_ If no, you must submit the International Application.

Is English your first language? Yes \_\_\_ No \_\_\_

The *Test of English as a Foreign Language (TOEFL)* is required of all applicants whose first language is not English. To satisfy this requirement, the applicant must take the TOEFL with a minimum score of 550 for paper/pencil or 79 for internet based test. Students who do not pass the TOEFL must confer with a representative of the Admissions Office and be considered by the Admissions and Progression Committee. Test scores cannot be more than two years old. The TOEFL exam is waived for applicants with an earned bachelor's or master's degree from a U.S. college or university.

-----  
**Response to the following is voluntary. The information is requested so that this institution may demonstrate its compliance with Federal regulations. Please check appropriate ethnicity option.**

1. Designate ethnicity \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

2. Indicate one or more races that apply:

- |   |                                  |
|---|----------------------------------|
| ___ - American Indian or Alaska Native          | ___ - Race and Ethnicity Unknown |
| ___ - Asian                                     | ___ - Two or More Races          |
| ___ - Black or African American                 | ___ - Unknown                    |
| ___ - Native Hawaiian or other Pacific Islander | ___ - White                      |
| ___ - Non-Resident Alien                        |                                  |

Gender: \_\_\_ - Male \_\_\_ - Female.  
-----

Have you attended another nursing program? \_\_\_\_ Yes \_\_\_\_ No If yes, name of program and dates attended: \_\_\_\_\_

Are you employed within the OSF Healthcare System? \_\_\_\_ Yes \_\_\_\_ No

Have you previously applied for admission to this college? \_\_\_\_ Yes \_\_\_\_ No If yes, date: \_\_\_\_\_

When do you desire to enter this college? \_\_\_\_\_

Are you interested in student housing? \_\_\_\_ Yes \_\_\_\_ No

**SECONDARY EDUCATION:** \_\_\_\_ High School Graduate \_\_\_\_ GED (*Official high school transcripts are required*).

Name of High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

**POST-SECONDARY EDUCATION:**

(All institutions attended. An official transcript must be submitted from each institution.)

Name of College	Dates Attended	City and State	Major	Degree Earned

**ESSAY:** Please write an account of: (*Not required for the RN to BSN accelerated track.*)

- (1) Your reasons for selecting nursing as a career.
- (2) Any special reason for desiring to enter Saint Francis Medical Center College of Nursing.
- (3) Your plans and aspirations for the future.

**Please attach your essay.**

How did you find out about Saint Francis Medical Center College of Nursing?

- \_\_\_\_ - Newspaper
- \_\_\_\_ - Graduate of Program
- \_\_\_\_ - Open House
- \_\_\_\_ - High School/College Counselor
- \_\_\_\_ - Admissions Packet
- \_\_\_\_ - College Night/Career Fair

Other (please explain): \_\_\_\_\_

**LICENSED RNS ONLY:**

*Please submit a copy of your current license with your application for admission.*

Diploma \_\_\_\_ **or** ADN \_\_\_\_\_

(Name of School) (City) (State)

Graduation Date: \_\_\_\_\_ License # \_\_\_\_\_

Current place of employment: \_\_\_\_\_

I verify that all the information given in this application is accurate to the best of my knowledge. I understand that inaccurate information on any part of the application may result in cancellation of admissions and/or registration.

Signature \_\_\_\_\_ Date \_\_\_\_\_