

Southern Illinois University Edwardsville School of Nursing Student Nurse Achievement Program Application

Student Information

Last Name _____	First Name _____	M.I. _____
Date of Birth _____	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary	Age _____
800 Number _____		

Racial Ethnic Group (Response optional)			
<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> American Indian
<input type="checkbox"/> Alaskan Native	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Other American Minority

Address _____ _____	City _____ _____	State _____	Zip code _____
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Home Phone # () _____	Cell Phone # () _____
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Email: _____ SIUE Email: _____
SIUE Student ID Number (if applicable): _____

School Information *(High School Students Only)*

(To be completed by School counselor)

Standardized Test Scores

School Name _____	Counselor's Name _____
School District _____	Grade _____ Current GPA _____
Present Grade Level _____	ACT Score _____ SAT Score _____
High School Graduation Date _____	English _____ Verbal _____
	Math _____ Math _____
	Reading _____
	# of Days Absent Last School Year _____

Family Educational Background

Has any member of your immediate family graduated from college? ____ Yes ____ No	
Community Colleges/Universities A <u>Relative Attended</u> Name: _____ Address: _____ _____ City, State: _____ Dates attended: _____ Graduated: _____	Community Colleges/Universities/programs <u>YOU Attended</u> Total number of credits earned: _____ Diploma, degree, certificate awarded and Year: _____ Major _____ Other Areas of Study (e.g. School aide, Certified Nurse Assistant) _____ Address _____ City, State _____ Dates attended _____

Parent/Spouse/Partner/Guardian Information

Emergency Contact Person

Parent/Guardian Name _____	Name/Relationship _____
Address _____ _____	Address _____ _____
State _____ Zip Code _____	State _____ Zip Code _____
Home Phone # () _____	Home Phone # () _____
Cell Phone # () _____	Cell Phone # () _____
Work Phone # () _____	Work Phone # () _____
Email Address _____	Email Address _____

Why do you want to be a nurse? (250 words or less, Please complete on a separate sheet of paper.)

To Be Completed by SNAP Advisor/Director:

Expected date of Entry into SNAP _____

Comments: _____

I certify that all statements are accurate, complete, and correct. Withholding or presenting any false information can constitute ineligibility of my application. Enrollment in this program does not automatically mean that I will be accepted into the Nursing Program after completing my prerequisites. I must have the acceptable GPA

Signature: _____ Date: _____

Your signature certifies that all information on this application is accurate, complete, and correct.

