



Indicate any other last name(s) you may have used while attending school: \_\_\_\_\_

In case of emergency, contact:

\_\_\_\_\_  
Name Relationship ( ) Home Phone ( ) Work Phone

\_\_\_\_\_  
Street City State Zip Code

**ACADEMIC DATA**

**High Schools Attended:**

Name of Institution	City	State	Dates Attended	Graduation

General Education Development (GED), if applicable, year received \_\_\_\_\_

**Colleges, universities or other post-secondary schools that you have attended or are presently attending:**

Name of Institution	City	State	Dates Attended	Degree

**EMPLOYMENT**

List all work experiences, both full and part-time, since high school, beginning with the most recent. Please use another sheet of paper if you need additional space.

Dates		Title of Position	Employer	
From	To			

**PERSONAL DATA**

Housing plans:  Residence Hall  With parents  My own home/apt.

Are you prepared to meet the expenses of the program in this school?  Yes  No

Will you be requesting financial assistance?  Yes  No

How did you first become interested in applying to Graham Hospital School of Nursing?

- Admission representative  Alumni  Faculty
- High School counselor  College counselor  Parents
- Friends  Pastor  Students
- Advertising  Other \_\_\_\_\_

List in order of their importance the influences that led you to apply to Graham Hospital School of Nursing.

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Please indicate any additional information that you feel would be helpful to the admissions committee in reviewing your application.

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**I certify that the information provided on this application is accurate and complete to the best of my knowledge and realize that failure to provide correct information is considered sufficient cause for reconsideration of my admission status.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

**YOU MUST COMPLETE THE GRAHAM HOSPITAL UNIFORM CONVICTION INFORMATION ACT (UCIA) ON THE BACK OF THIS PAGE.**

## GRAHAM HOSPITAL UNIFORM CONVICTION INFORMATION ACT (UCIA)

In 1996, Graham Hospital began doing criminal background checks on all new employees. Now, to be in compliance with JCAHO (Joint Commission), students must be included. This is a precautionary measure for the patient's safety and for your safety as a student. Since this is a Hospital policy to meet compliance with JCAHO standards, all costs will be incurred by the Hospital.

### Graham Hospital Acknowledgement

It is understood by the applicant that the policy of Graham Hospital is to file, on behalf of the applicant, a Criminal Background Check. Student activities involving patient care at Graham Hospital are contingent on a favorable determination from the Illinois State Police. Should an unfavorable determination be obtained, each applicant is afforded the right to submit to the Illinois State Police a request for Waiver, at the applicant's expense.

The applicant's signature acknowledges the understanding of this request and authorizes Graham Hospital to file appropriate request information knowing that all information will be held in strictest confidence and that a copy of the results will be forwarded to the applicant.

Applicant's full name \_\_\_\_\_  
(Please include middle initial)

Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature