



**GRAHAM HOSPITAL SCHOOL OF NURSING**  
Admissions Office  
210 W. Walnut  
Canton, IL 61520  
(309) 647-4086  
Fax (309) 649-5127

**Nondiscriminatory Policy**

Equal opportunities are provided for all who apply regardless of race, color, national origin, creed, sex, age, or marital status. Section 504 of the Rehabilitation Act of 1973 protects all handicapped persons against discriminatory treatment. The Graham Hospital School of Nursing does not discriminate in matters of sex, handicap, age, marital status, race, religion, or national origin in admission or access to, or treatment in its programs, or activities.

**APPLICATION FOR ADMISSION**

**In order to process your application, you are required to submit the following:**

- Complete this application form, read and sign the “Essential Functions for Student of Nursing Form,” and send it to the school.

This application does include a section which will give the hospital permission to file a background check on you. Graham Hospital Association makes a Uniform Conviction Information Act (UCIA) check on all students accepted to the school. The applicant must have a favorable Criminal Background Check from the Illinois State Police and a negative drug screening done by Graham Hospital.

- Ask the appropriate people to complete the reference forms. One reference should be completed by a high school or college instructor/counselor/advisor. You may select two other people to complete the forms, but neither should be a friend or relative. Postage paid envelopes are enclosed.
- Request that an official transcript of your high school (include ACT or SAT scores) and each college or university attended be sent to Graham Hospital School of Nursing.
- Complete an interview with the Coordinator of Admissions, Recruitment, and Financial Aid.
- Submit a check or money order in the amount of \$40.00 for the non-refundable application fee.

**Applications are reviewed in March for the coming year admission. Deadline for submission of all required application materials listed above is February 15 for the March review. IF YOUR FILE IS NOT COMPLETE, YOU WILL NOT BE INCLUDED IN THE APPLICANT POOL.**

**APPLICATION DATA**

I am applying for admission as a :

Projected enrollment date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Freshman Student       Transfer Student

**IDENTIFICATION DATA**

Re-admitted Student       Advanced Placement Student

\_\_\_\_\_

Full Name

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_(\_\_\_\_)\_\_\_\_\_(\_\_\_\_)

Social Security Number                      Home Phone                      Cell Phone

\_\_\_\_\_  
Address                      City                      State                      Zip Code

\_\_\_\_\_

E-Mail Address

Date of birth: \_\_\_\_\_ U.S. citizen     Yes     No  
                    Month                      Day                      Year

Marital Status:     Single     Married     Divorced     Separated     Widowed  
(optional)

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

\_\_\_\_\_  
Printed Name

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