



Application for Enrollment

Name: _____ SS#: _____
Last First Middle

Other Last Name(s) Used: _____

Date of Birth (optional): _____ Phone: _____

Race (optional): Black or African American White or non-Hispanic Hispanic of any race
 Two or more races American Indian or Alaska Native
 Asian Native Hawaiian or other Pacific Islander

Sex (optional): Male Female Not applicable

Address: _____
Street City County State Zip Code

Email Address: _____

Are you a U.S. Citizen? Yes No

If no, are you a permanent resident? Yes No Country: _____ Type of Visa: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Address: _____
Street City County State Zip Code

Name of Legal Guardian (if under 18 years of age), parent, or spouse: _____

Phone: _____ Address: _____

I am applying as a:

- Freshman
- Freshman with College Credits
- Transfer from another school of nursing
- Second year student (Ready for Nursing Major)
- LPN to RN

I have received:

- High School Diploma
- GED
- Currently enrolled in high school with expected graduation date of _____
- Associate Degree
- Bachelor's Degree

Have you previously applied to our School of Nursing? Yes No

If yes, when? _____ Under what name did you apply? _____

Please list below all high schools, colleges, universities, or practical nursing schools attended:

School Attended	Dates	Degree, Diploma or Credits Received
	to	
	to	
	to	
	to	

Employment: *List all work experiences, both full-time and part-time, since high school, beginning with the most recent:*

Dates	Title or Position	Employer	City and State
to			
to			
to			

Briefly state your reason for selecting nursing as a profession. Include future educational and career plans.

Courses in algebra, biology*, and chemistry must be successfully completed in high school or in college before you may enroll in the Firelands Regional Medical Center School of Nursing. If you have not taken these courses, please indicate below how you plan to meet this requirement.

**Biology is not required for the LPN to RN program*

Have you ever been convicted of a felony? Yes No

By signing this application, I understand:

- I must abide by all the rules, regulations, and policies of the Firelands Regional Medical Center School of Nursing and that I may be dismissed if I do not comply with them.
- The information submitted in this application and any accompanying documents is true to the best of my knowledge. I understand that falsification of the information on my part may result in disciplinary action by the Firelands Regional Medical Center School of Nursing.

All applicants will be considered regardless of race, color, religion, ancestry, ethnicity, gender/transgender status, gender identity, sexual orientation, age, national origin, marital status, disability, pregnancy, parental status, military and/or veteran status, genetic information, or other characteristics protected by the law.

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian (if under 18 years) _____ Date: _____

Application Fee is \$25. You have three options to complete payment:

1. Pay online at www.firelands.com. Select "Online Bill Pay" then Firelands Regional Medical Center. Be sure to put FRMCSN App Fee under name.
2. Call Cashier at (419) 557-5425 and inform them payment is for School of Nursing.
3. Cash, check or money order may be dropped off or mailed to the school.

Received: _____ ID: _____ (office use only)
