

53 Valentine Street, Mount Vernon, New York 10550
Main 914-361-6221 Fax 914-665-7047
www.montefioreschoolofnursing.org

Application for Admission to Associate Degree Program

I am applying for:

- Evening/Weekend Program - January - Spring semester 20__
 Daytime Program - August - Fall semester 20__

Enclose a **money order** for **\$40.00** (non-refundable), made payable to **Montefiore New Rochelle Hospital**

Please type or print

1. Name in full: _____
(Last) (First) (Middle)

2. Other names used on educational documents (proof of name change required): _____

3. Your Social Security #: _____ Email: _____

4. Your address: _____
_____ City _____ State _____ Zip Code

5. County of Residence: _____

6. Your phone #: Daytime () _____ Evening () _____ Mobile () _____

7. Are you a U.S. citizen? Yes No Are you a U.S. Permanent Resident? Yes No
If Yes, Indicate Resident Alien #: _____

8. How did you hear about us? _____

9. Is your relative or spouse an employee of the Montefiore Health System? ()Yes ()No

9a. Are you an employee of the Montefiore Health System? ()Yes ()No

10. Have you ever applied for admission before? Yes No If yes, in what year? _____

11. Have you ever attended this school before? Yes No If yes, in what year? _____

12. Have you ever enrolled in a RN Program? Yes No If yes, please complete as follows:

PROGRAM(S) ATTENDED	DATES ATTENDED	REASON FOR NON-COMPLETION
_____	_____	_____
_____	_____	_____

13. Are you a Licensed Practical Nurse? Yes No

14. Have you served in the U.S. Armed Forces? Yes No
If yes, please submit a copy of your discharge papers.

15. Have you ever been convicted of a felony? Yes No
If yes, please explain on a separate sheet of paper.

16. Your secondary education – high school (please list all high schools you attended or GED date of completion):

School:	City/ State:
Dates: From: / / To: / /	Graduation Year:
School:	City/State:
Dates: From: / / To: / /	Graduation Year:
School:	City/State:
Dates: From: / / To: / /	Graduation Year:

****Please request official high school transcript be sent to Montefiore School of Nursing or enclose a copy of GED grades & diploma. If additional schools were attended please list on a separate sheet of paper.**

17. Your post-secondary education - (please list all formal education beyond high schools):

School:	City/ State:
Dates: From: / / To: / /	Graduation Year:
School:	City/ State:
Dates: From: / / To: / /	Graduation Year:
School:	City/State:
Dates: From: / / To: / /	Graduation Year:
School:	City/State:
Dates: From: / / To: / /	Graduation Year:
School:	City/State:
Dates: From: / / To: / /	Graduation Year:

****Please request official transcripts be sent directly to the Montefiore School of Nursing. If additional schools were attended please list on a separate sheet of paper.**

18. Your employment history:

Employer:	City/ State:
Dates: From: / / To: / /	Position:
Employer:	City/State:
Dates: From: / / To: / /	Position:
Employer:	City/State:
Dates: From: / / To: / /	Position:

19. U.S. Office of Education Information:

A variety of government agencies require that institutions of higher education report student enrollment by gender and ethnic status. The information requested below will assist in meeting this requirement. Please check the appropriate box. (Response is optional and does not affect your admission in any way.)

Gender: Male Female

Ethnicity: Caucasian, Non-Hispanic African American Hispanic Asian or Pacific Islander
 American Indian or Alaskan Native Other

**20. Mail \$40.00 money order (payable to Montefiore New Rochelle Hospital) and application to:
 Montefiore School of Nursing, Office of Admissions
 53 Valentine Street, Mount Vernon, NY 10550**

I certify that I have not knowingly withheld or given false information on this application. I understand that withholding or giving false information may make me ineligible for admission or continued enrollment in the School. I have read the catalog which can be found at www.montefioreschoolofnursing.org and I acknowledge that I have no limitations that would prevent compliance with the Cognitive and Physical Program Demands.

Signature: _____ Date: _____

Montefiore School of Nursing offers equal opportunity to all qualified applicants, regardless of age, race, color, sex, national origin, religion, marital status, sexual orientation or disability.