



FORT SCOTT COMMUNITY COLLEGE  
DEPARTMENT OF NURSING  
STUDENT APPLICATION

Date: \_\_\_\_\_

**DEADLINES:** Applications for the August/Fall class will be accepted until May 1<sup>st</sup>  
Applications for the January/Spring class will be accepted until December 1<sup>st</sup>

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_ Length of Residence: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

I am applying for: \_\_\_ Fall or Spring Class – Fort Scott Only (Limit 30)  
\_\_\_ Fall Class – Miami County Campus only (Limit 10)  
\_\_\_ Fall Class - Either Fort Scott or Miami County  
\_\_\_ LPN/Advanced Standing/Transfer (Limit 5 additional students)

Have you ever attended or applied to any nursing program? \_\_\_ Yes \_\_\_ No

If yes, give name and address of school: \_\_\_\_\_

\_\_\_\_\_ Dates attended: \_\_\_\_\_

**WORK EXPERIENCE:** (In the last ten years – attach additional page if needed. List most recent employer first.)

Type of Work	Name of Employer	Complete Address	Date Employed From	To	Reason Leaving

If you need financial assistance with your education, call the Financial Aide Officer on our campus -1-800-TRI-FSCC (800-874-3722).

**REFERENCES:** Give the names of at least three persons who can give references to academic ability &/or job performance. Do NOT list relatives or close friends.

NAME	COMPLETE ADDRESS	OCCUPATION
1. _____		
2. _____		
3. _____		

Have you ever been convicted of a felony? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

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Describe why you have chosen nursing as a profession:

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If you attend school at FSCC and also have to work, how do you plan to manage school and work responsibilities?

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The Department of Nursing recommends that nursing students not work more than 20 hours per week and require students not to work the shift prior to a clinical experience. Do you plan to adhere to this recommendation and requirement? Yes \_\_\_ No \_\_\_

If no, please explain:

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Have you ever had unpleasant experiences working with people in an employee/employer relationship? Yes \_\_\_ No \_\_\_

If yes, please explain:

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RE: 120975; 121278; 090281; 060986; 051388; 041890; 051492; 030700; 100702; 070307; 082108; 052914; 061318

Application