**Lackawanna College**

**ASN Nursing Program Application Form**

**(Please print legibly or type)**

Application Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information provided on this form will be used to make future contact via phone, email, and/or standard mail. Please make sure all information is up to date and correct. This will be the address we will use to contact you for official notification letters or other information.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name / Other Names Used (for transcript purposes):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail (personal) :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: Please advise the ASN Program Director if there is a change in any of the above information, so that we may contact you if additional information is needed.

**Part 1. Prerequisite Course Work**

When applying to the Lackawanna College ASN Nursing Program, a student must prove that he or she is capable of completing this rigorous program with proof of previous success in studying the Sciences. This can be done in one of three ways:

* Submission of an official high school transcript or GED (a copy of the official diploma and scores) required. If currently a high school senior, the applicant must ensure that his/her final transcript is on file no later than 30 days following graduation. The PA Dept. of State, Pennsylvania Code, Title 49, Chapter 21 (§21.101) for nursing students requires applicants shall have completed work equal to a standard high school course with a minimum of 16 units, including 4 units of English, 3 units of Social Studies, 2 units of mathematics (1 of which is Algebra) and 2 units Science with a related laboratory or the equivalent.
  + Completion of two (2) high school or college level biological/physical sciences (lecture and lab; 4 credits), with a passing grade of C or better. If completed in high school, the courses must be no more than three (3) years old. If completed at college level, the course must be completed within five (5) years or as part of a completed degree in a healthcare-related field. General Chemistry (with lab; 4 credit), with a passing grade of C or better, is recommended as one (1) of the pre-requisite sciences. College level courses must be eligible for transfer to Lackawanna College. An official high school or college transcript must be sent to Lackawanna College as evidence. The applicant may be enrolled in these courses while in the process of applying to the ASN program, the applicant may receive probationary acceptance while completing these courses. Evidence by way of an official college transcript must be received confirming completion of the courses with a grade of C or better to be evaluated for official acceptance into the ASN program. Should the applicant either not complete the course or not receive the requisite grade, he or she will forfeit the seat within the ASN program.
  + Completion of two (2) high school math courses with one math course being Algebra (college courses can be substituted for missing math high school requirements).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Prerequisite Science Courses** | **Year/Semester Completed** | **Grade** | **Institution where courses completed** | **Currently in Progress** |
| Science #1 with lab  Science: |  |  |  | Yes No |
| Science #2 with lab  Science: |  |  |  | Yes No |

**Part 2. Past or Current Course Work for possible transfer**

Please provide the following information on any college level courses completed or college level courses currently in progress that may be eligible for direct transfer into Lackawanna College or the ASN Nursing Program. All general education courses will be evaluated by Lackawanna College’s Registrar’s office to determine eligibility for transfer.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **College Course** | **Year/Semester Completed** | **Grade** | **Institution where courses completed** | **Currently in Progress** |
| English Writing |  |  |  | Yes No |
| Anatomy & Physiology I |  |  |  | Yes No |
| Anatomy & Physiology II |  |  |  | Yes No |
| Microbiology |  |  |  | Yes No |
| Intro to Psychology |  |  |  | Yes No |
| Developmental Psychology |  |  |  | Yes No |
| Intro to Sociology |  |  |  | Yes No |
| College Algebra |  |  |  | Yes No |
| Effective Speaking |  |  |  | Yes No |
| Medical Ethics |  |  |  | Yes No |

**Part 3. Other Academic Requirements**

**Transcripts:** Submit an official sealed copy of all transcripts (both high school and college) for institutions previously attended even if a degree was not completed. Please send transcripts to the Lackawanna College c/o Admissions at 501 Vine Street, Scranton, PA 18509.

**High School GPA \_\_\_\_\_\_\_\_\_\_\_\_ College GPA \_\_\_\_\_\_\_\_\_\_\_\_**

**SAT or ACT:** If the SAT or ACT examination has been completed please list the scores if available below. Forward official copies of test scores to Lackawanna College.

**Previous College Experience:** Please list below all colleges or universities currently attending or previously attended with correlating dates.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From: \_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_ Degree/s earned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_ Degree/s earned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_ To:\_\_\_\_\_\_\_\_\_\_\_ Degree/s earned\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 4. Past Work Experience**

Please describe your healthcare work experience over the past 10 years, beginning with current or most recent employment. Please use and attach additional paper if necessary. \*\* Continue on the back of this page of application if more space is needed.

1. Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dates of Employment \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title Reason for Leaving: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 5: Military Experience**

Please provide information regarding your military history:

Military Service: (circle your response) **Yes OR No**

**If Yes,** answer the following and provide documentation supporting your military service history:

Branch of Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years of Service; \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Discharge State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 6: Community Endorsement**

Print out 3 reference forms from the ASN Nursing Program website. These forms are to be provided to your references who will then mail the completed form, along with a supportive narrative, directly to Lackawanna College. It is suggested that you provide a self-addressed stamped envelope with the reference sheet to the individuals you are requesting a recommendation from. Lackawanna College’s address is provided on the official reference form.

**Family members or close personal friends are not permitted for use as references.** It is recommended but not required that you provide a reference from:

1) An educator

2) A former or current employer or supervisor

3) An individual of your choice other than a family member

Please list the names of the individuals providing the references below. This will allow us to confirm receipt of each of your references as they arrive directly to us.

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title or Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title or Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title or Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 7. Essay**

One (1) essay is required to be submitted with your application for admission to the ASN Nursing Program. Please adhere to the format listed below:

1. No more than 3 pages in length
2. Using **size 12 Times New Roman font**
3. No greater than 1 ½ line spacing
4. Standard 1” margins.
5. Please include your name on each page.

* **Essay Prompt (pick one of the following options):**
  1. Nursing is a profession within healthcare that is focused on the care of individuals, families, and communities so they may attain, maintain, or recover optimal health and quality of life. In your own words, describe why Nursing is both a science and an art.

OR

* 1. Nurses are differentiated from other healthcare providers by their approach to patient care, training, and scope of practice. In your own words, what attributes are integral to becoming an exceptional Nurse?
* Your essay will be scored by core faculty with an essay rubric looking at the following items:
  + Content / Focus
  + Organization / Development
  + Vocabulary
  + Grammar
* Each area will be scored using the following scale and a final essay score recorded:

0 – unacceptable 2 – poor 4 –fair 6 – good 8 – excellent

**Part 8. Informational Session**

ASN Nursing Program informational sessions will be held at various times throughout the calendar year. The sessions will provide you with further details regarding this program, including: application, expectations, program progression and curriculum, clinical rotation, and our current accreditation status. You are encouraged to bring questions regarding any aspect of this program from application to acceptance to graduation. This session will provide you with information to make a well-informed decision regarding your future education. Several dates and times will be made available on the website to accommodate scheduling needs of the applicants. Parents, legal guardians, and spouses are encouraged to attend.

**Part 9. Interview**

Once submitted applications are evaluated by core faculty, the top eligible applicants will be contacted via email and/or phone to setup an interview time. The personal interview process is the final component of the application process by which the ASN Nursing program faculty will have a chance to directly interact and get to know you as individual. This is considered a professional interview. Interviews will last approximately 30 minutes.

1. Please arrive appropriately dressed and on time for your interview
2. Interview dates and times are offered based on the availability of core faculty members.
3. ***The offering of an interview is in no way a guarantee of acceptance into the ASN program.***

\*Updated June 2022