APPLICATION FOR ADMISSION

Our Lady of Lourdes School of Nursing does not discriminate in admissions or access to its program and activities on the basis of race/color, national origin, ethnicity, religion/creed, disability, age, marital status, sex, sexual orientation or veteran's status.

Our Lady of Lourdes School of Nursing is committed to complying with all state and federal laws prohibiting discrimination. Applicants to the School of Nursing must have the ability to satisfactorily meet the cognitive, physical and emotional requirements of the Nursing curriculum.

Application Date: _____

PERSONAL INFORMATION

Social Security Number: _____ - _____ - _____ Camden County College ID Number: _____

Last Name: _____ First Name: _____ Middle: _____

Previous Name: (If Applicable) _____

MAILING ADDRESS

Street: _____ City or Town: _____

State: _____ Zip Code: _____ County: _____

CONTACT INFORMATION

Home Phone: _____ Cell: _____ Work Phone: _____

E-mail address: (Required) _____

EMERGENCY CONTACT

Name: _____ Phone Number: _____

Relationship: _____

GENDER, BIRTH DATE AND ETHNICITY

*Responses to Gender, Birth Date and Ethnicity and Race are voluntary and will be kept confidential. Failure to furnish this information will not adversely affect the status of this application.

Date of Birth: _____

Gender: Male ☐   Female ☐   Non-Binary ☐
Pronouns Preferred: She/Her/Hers ☐   He/Him/His ☐   They/Them/Their ☐   Other ☐

Ethnicity/Race:
American Indian or Alaskan Native ☐   Asian or Pacific Islander ☐
Hispanic ☐   Black/Non-Hispanic ☐
White, Non-Hispanic ☐   Other Unknown ☐

CITIZENSHIP STATUS

U.S. Citizen: ☐ Yes ☐ No   If No, are you a permanent resident? ☐ Yes ☐ No

Type of VISA: _____   VISA Number: _____

ACADEMIC HISTORY

List all colleges, universities and institutions attended, including high school.

High School: _____ Location: _____ Graduation Year: _____

GED State: _____ Date of Certification: _____

Name of Institution: _____ Location: _____ Degree: _____ Dates: _____

Name of Institution: _____ Location: _____ Degree: _____ Dates: _____

Name of Institution: _____ Location: _____ Degree: _____ Dates: _____

Name of Institution: _____ Location: _____ Degree: _____ Dates: _____

WORK HISTORY

Veteran of the Armed Forces? ☐ Yes ☐ No

Virtua Employee? ☐ Yes ☐ No   Start/End Dates_____

Employer: _____ Occupation/Job Title_____ Start/End Dates_____

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List any special recognitions/awards given for academic achievement:

_____

_____

_____

How did you learn about Our Lady of Lourdes School of Nursing?

_____

_____

_____

Have you previously applied to Our Lady of Lourdes School of Nursing?

Yes ☐   No ☐