

APPLICATION FOR ADMISSION



APPLICANT CHECK LIST

All applications, original transcripts, testing, and reference letters must be done for consideration of admission.

Practical Nursing (PN)

- Donnelly College Application
- Practical Nursing Application
- Prerequisite classes:
Human Growth & Development (3 hrs)
Anatomy & Physiology with Lab* (5 hrs) *taken within last five years
- SSEIT Emotional Intelligence Test
- Reference Letters
- Official High School Transcript
- Official College/University Transcript(s)

Items Needed After Acceptance:

- Background check and drug screen
- CPR (American Heart Association)
- Vaccinations
- FAFSA Application if applicable

Registered Nurse - Associate of Nursing (RN-ADN)

- Donnelly College Application and interview
- Registered Nurse - Associate of Applied Science in Nursing Application
- Official College/University Transcript(s)
- Prerequisite classes:
Composition I (3 hrs)
Composition II or Public Speaking (3hrs)
Psychology (3 hrs)
Pathophysiology (3 hrs)
Nutrition (3 hrs)
- Active Kansas LPN License (Active) (15 Credits)
- SSEIT Emotional Intelligence Test
- Proof of IV Certification

Items Needed after Acceptance:

- Background check and drug screen I
- CPR (American Heart Association)
- Vaccinations
- FAFSA Application if applicable

** This is a competitive process. Completion of an application does not guarantee acceptance into the program. It is recommended that all application materials are submitted at least one month prior to the deadline.*

*** Before orientation a drug test and background check will be required to officially enter the program.*

**** The Kansas State Board of Nursing may deny licensure to an individual who has been convicted of a felony crime against a person. Please refer to the list of crimes at www.ksbn.gov or in your information packet.*

APPLICANT : _____

DATE OF APPLICATION: _____



DONNELLY COLLEGE



Donnelly College
 Nursing Programs
 608 N. 18th Street,
 Kansas City, KS 66102

This application is only for use with the Nursing Programs. To apply for admission into Donnelly College please contact Nursing Intake at nursing@donnelly.edu or call (913) 621-8783.

Application for Admission: Nursing Programs

Select which Donnelly College Nursing program you are applying for.

- Registered Nurse - Associate of Nursing
- Practical Nursing (PN)

ABOUT YOU

Last Name	First	Middle	Former Last (if applicable)
Current Address	Apt.	City	State/Country
Zip			
Permanent Address (if different)	Apt.	City	State/Country
Zip			
Preferred Mailing Address:	<input type="checkbox"/> Current <input type="checkbox"/> Permanent		
Home Phone	Cell Phone	Email Address	

GENDER:

- Male
 Female

*SOCIAL SECURITY NUMBER:

_____._____._____
*Required for the Free Application for Federal Student Aid (FAFSA).

DATE OF BIRTH: (Month, Day, Year)

____/____/____

ETHNIC BACKGROUND:

- Two or more races
- American Indian or Alaskan Native
- Asian
- Black/African-American
- Hispanic or Latino
- Native Hawaiian/Pacific Islander
- White
- Unknown

CITIZENSHIP/IMMIGRATION STATUS:

- U.S. Citizen
- Permanent Resident
- Non-U.S. Citizen
- F-1 (Student) Visa
- DACA (Deferred Action for Childhood Arrivals)
- Other Visa: (Please specify) _____
- If not a U.S. citizen, name your country of birth: _____
- If not a U.S. citizen, name your country of citizenship: _____

MARITAL STATUS:

- Single
 Married

RELIGIOUS PREFERENCE

- Catholic
 Non-Catholic
 (please specify): _____

In addition to English, what other language(s) do you speak at home? _____

Are you a veteran, or are you currently serving in the U.S. military? Yes No
 If "Yes," what is your status? Active Duty Active Reserve Veteran Inactive Reserve Retired

FAMILY BACKGROUND/EDUCATION

Are you the first in your family to attend college?
 Yes No

Have you applied to Donnelly's Nursing programs in the past? No Yes If Yes, when? _____

FAMILY BACKGROUND/EDUCATION CONT.

Parent/Legal Guardian's Full Name: _____

Father Mother Legal Guardian (please specify) _____

Please indicate parent/legal guardian's level of education:

Less than high school High school graduate
 Some college Two-year college graduate
 Four-year college graduate Some graduate work
 Master's degree Doctoral degree

Parent/Legal Guardian's Full Name: _____

Father Mother Legal Guardian (please specify) _____

Please indicate parent/legal guardian's level of education:

Less than high school High school graduate
 Some college Two-year college graduate
 Four-year college graduate Some graduate work
 Master's degree Doctoral degree

Do you have a family member or friend with any affiliation to Donnelly College? Yes No
 If so, please list his/her name(s), relationship to you, and affiliation with Donnelly below (i.e. Donnelly faculty or staff, former Donnelly student, Board of Trustees, donor, etc.)

EMERGENCY CONTACTS

Parent/Guardian Spouse/Partner Other (please specify) _____

First Name _____ Last Name _____

Phone Number _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____

Employer _____

Parent/Guardian Spouse/Partner Other (please specify) _____

First Name _____ Last Name _____

Phone Number _____

Street Address _____ Apt. _____

City _____ State _____ Zip _____

Employer _____

HIGH SCHOOL INFORMATION

I have earned earn my: High School diploma G.E.D.

High School/Institution Name _____ City _____ State _____ Graduation/Anticipated Graduation Date _____

Students with college credit: Please list, in chronological order, each and every college and/or university from which you will have earned credit before enrolling at Donnelly. Failure to provide transcripts for all colleges or universities previously attended may result in denial of admission or ineligibility for graduation or the conferral of a degree.

College Name	City	State	Dates Attended (Mo./Yr. to Mo./Yr.)	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you started a nursing program at Donnelly or another institution? Yes No
 If yes, where and when? _____

To which other nursing program(s) have you applied or are planning to apply? _____

Have you ever been convicted of a felony? Yes* No
 If yes, where: _____

*Note: If you answered "Yes" The Kansas State Board of Nursing may deny licensure to an individual who has been convicted of a felony crime against a person. List of crimes at www.ksbn.gov

Has any license, certification or registration (nursing or other) ever been denied, revoked, suspended, limited or disciplinary action taken by a licensing authority of any state, agency of the US government, territory of the US or country? Yes No
 If yes, where: _____

EMPLOYMENT INFORMATION

Are you employed? Yes No
If yes: Full-time Part-time

Shift: Check all that apply
 Day Evening Night

Employer(s)

Work Phone(s)

REFERENCE INFORMATION

At least three references required. Only one may be family.

Last Name	First Name	Relationship	Address	City/State/Zip Code	Phone Number
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

PLEASE TELL US

How did you hear about Donnelly College's Practical Nursing Program?
 A friend who goes to Donnelly. Name: _____
 I heard about Donnelly in the community. Where/who? _____
 A visit from a Donnelly representative
Where? _____
 Social Media
 Website (donnelly.edu)
 Advertising. Where? _____
 Other. Please Specify: _____

MARKETING: PHOTOGRAPHY & VIDEO RELEASE

I, the undersigned, hereby assign all rights to photographs and video taken of me while on campus or at a campus event to Donnelly College, its legal representatives, and contractors. I understand that any photos or video taken may (or may not) be used for advertising and publicity purposes or any other use Donnelly College intends, which may include billboards, print, web and broadcast advertisements, documentary, news broadcast, catalog and schedule covers or fillers, or other publicity, advertising, or informational purposes.

I understand that I will not be compensated for use of my image or voice, or the time I could spend in a photo or recording session. I also acknowledge that there will be no notice given to me as to when or how Donnelly College or its designees may use the photos or recording.

By signing below, I acknowledge that I have read and agree to all conditions herein.

Your Signature Date

CERTIFICATION

I certify that all information submitted in the admissions process, including the application and other materials, is my own work, factually true, and honestly presented, and that these documents will become property of Donnelly College and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, degree should that information I have certified be false.

I understand that transcripts need to be official and sent to the Admissions office (Donnelly College - Admissions, 608 N. 18th St., Kansas City, Kansas 66102).

Your Signature Date
Donnelly College is accredited by The Higher Learning Commission and a member of the North Central Association, 230 South LaSalle St., Suite 7-500, Chicago, IL 60604-1411; (800) 621-7440; www.ncahlc.org. Donnelly College has been accredited since 1958. Nursing program accreditation available at www.donnelly.edu. As a Catholic College founded by the Benedictine Sisters of Mount St. Scholastica and the Archdiocese of Kansas City in Kansas, Donnelly College believes in the inherent dignity and worth of every person. As such, the College is committed to providing an open and welcoming environment free from discrimination to its students, faculty, staff, and alumni. Donnelly College does not discriminate on the basis of a person's age, race, color, sex, gender, religion, creed, nationality, ethnicity, disability, veteran status, or family status, or any other characteristic protected by applicable law in admission to, access to, treatment in, or employment in its educational programs and activities. Nothing in this statement shall require the College to act in a manner contrary to the beliefs and moral teachings of the Catholic Church. In addition, the College reserves the right and duty to seek and retain personnel who will make a positive contribution to its religious character, goals, and mission in order to enhance its Catholic identity and tradition. The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President of Business Affairs, Phone: 913-621-8765

OFFICE USE ONLY

- PN Daytime Cohort (Jan/August)
- PN Evening Cohort (Jan/August)
- RN Daytime Cohort (Jan)
- RN Evening Cohort (June)