

APPLICATION FOR ADMISSION



Bridgeport Hospital School of Nursing
 Admissions Office
 200 Mill Hill Ave.
 Bridgeport, CT 06610

Affix 1 1/2 x 2"
 Recent Photo
 Here

Instructions: Please print clearly or type. Fill out both sides of the application form, include an essay and send all required materials to the Admissions Office. **Only complete applications will be considered for admission.**

Program	Program of Interest: (check one box) <input type="checkbox"/> Nursing (RN) <input type="checkbox"/> Nursing (LPN to RN Bridge) <input type="checkbox"/> Perioperative Nursing <input type="checkbox"/> Surgical Technology <input type="checkbox"/> Sterile Processing Technician If you previously submitted an application or have attended BHSN, list program and year											
Applicant Information	Applicant's Name Last <input style="width: 30%; border: none;" type="text"/> First <input style="width: 30%; border: none;" type="text"/> M I <input style="width: 10%; border: none;" type="text"/> Maiden <input style="width: 20%; border: none;" type="text"/>											
	List Other Names That May Appear On Applicant Records <input style="width: 100%; height: 20px; border: none;" type="text"/>											
	Permanent Address No. And Street <input style="width: 100%; height: 20px; border: none;" type="text"/>											
	<input style="width: 95%; border: none;" type="text"/>	<input style="width: 95%; border: none;" type="text"/>	<input style="width: 95%; border: none;" type="text"/>									
	Home Phone: <input style="width: 40%; border: none;" type="text"/>	Social Security # <input style="width: 30%; border: none;" type="text"/>		E-Mail Address <input style="width: 40%; border: none;" type="text"/>								
	Work Phone: <input style="width: 40%; border: none;" type="text"/>											
	Cell/Other: <input style="width: 40%; border: none;" type="text"/>											
	Mailing Address (if different from above): No. And Street <input style="width: 100%; height: 20px; border: none;" type="text"/>											
	<input style="width: 95%; border: none;" type="text"/>	<input style="width: 95%; border: none;" type="text"/>	<input style="width: 95%; border: none;" type="text"/>									
	Have you ever been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please make a confidential appointment with the Academic Coordinator at 203-384-3437.											
Citizenship	Citizenship Status <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> American By Birth</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Country Of Birth _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Naturalized Citizen</td> <td style="border: none;"><input type="checkbox"/> Non-American Student Visa (International Student)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Permanent Resident</td> <td style="border: none;"><input type="checkbox"/> Non-American. Not Student Visa</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Granted Asylum</td> <td style="border: none;"><input type="checkbox"/> None</td> </tr> </table>				<input type="checkbox"/> American By Birth	<input type="checkbox"/> Country Of Birth _____	<input type="checkbox"/> Naturalized Citizen	<input type="checkbox"/> Non-American Student Visa (International Student)	<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Non-American. Not Student Visa	<input type="checkbox"/> Granted Asylum	<input type="checkbox"/> None
<input type="checkbox"/> American By Birth	<input type="checkbox"/> Country Of Birth _____											
<input type="checkbox"/> Naturalized Citizen	<input type="checkbox"/> Non-American Student Visa (International Student)											
<input type="checkbox"/> Permanent Resident	<input type="checkbox"/> Non-American. Not Student Visa											
<input type="checkbox"/> Granted Asylum	<input type="checkbox"/> None											
	<input type="checkbox"/> YES <input type="checkbox"/> NO Enclosed Copy Of Birth Certificate, US Passport, Certificate of Naturalization, Permanent Resident Card, or Asylum Certificates Status Of Citizenship											
Academic Background	High School Diploma or Equivalent <input type="checkbox"/> YES <input type="checkbox"/> NO High School HS Name _____ City & State _____ Graduation Date _____											
	<input type="checkbox"/> YES <input type="checkbox"/> NO GED State Taken _____ Year Earned _____											
	<input type="checkbox"/> YES <input type="checkbox"/> NO Adult Ed Location _____ City & State _____ Graduation Date _____											
	<input type="checkbox"/> YES <input type="checkbox"/> NO Foreign H S Country _____ Graduation Date _____											
	<input type="checkbox"/> YES <input type="checkbox"/> NO Enclosed Official Copy of High School Transcript or Equivalent.											

Academic Background	University, College Or School Attended	City, State, Country	Degree Earned	Dates Attended (Mth/Yr)	
				From	To
	<input type="checkbox"/> YES <input type="checkbox"/> NO Official Transcript Enclosed				
	<input type="checkbox"/> YES <input type="checkbox"/> NO Official Transcript Enclosed				
	<input type="checkbox"/> YES <input type="checkbox"/> NO Official Transcript Enclosed				
	<input type="checkbox"/> YES <input type="checkbox"/> NO Official Transcript Enclosed				
	<input type="checkbox"/> YES <input type="checkbox"/> NO Official Transcript Enclosed				

References List 3 people who can give information about you. References from teachers, guidance counselors, supervisors or employers are acceptable. Relatives, friends or neighbors are NOT acceptable. Letters should be sealed and signed across the seal by the person who wrote the reference.

Name, Address & Phone	Relationship
Name, Address & Phone	Relationship
Name, Address & Phone	Relationship

YES NO Three Letters Of Reference Enclosed With Application.

Employment List Your 3 most recent places of employment:

Employer, Address, Phone	Position/Title	Employment Dates From To
Employer, Address, Phone	Position/Title	Employment Dates From To
Employer, Address, Phone	Position/Title	Employment Dates From To

Essay Submit a typewritten essay:

A typewritten essay will help us become acquainted with you and demonstrates your ability to organize and process your thoughts as well as express yourself. Describe a significant experience, achievement, or ethical dilemma you have faced and its impact on you. Your essay should be 250-500 typewritten words.

YES NO Essay Enclosed with Application

To the best of my knowledge, the information on my application is complete and accurate. I understand that any falsification of information will result in dismissal from Bridgeport Hospital School of Nursing. A non-refundable application fee of \$50 in check or money order made payable to "BHSN" must accompany this application. Send payment to the address on page 1 of this form. Only complete applications will be processed.

YES NO Enclosed \$50 check Or Money Order. YES NO Attached Recent Photo

Applicant's Signature Date Desired Entry Date

For RN program applicants only: I wish to be considered for the: Day Program Partial Evening Program No Preference

Bridgeport Hospital School of Nursing does not discriminate, nor will tolerate from other disciplines, discrimination on the basis of race, color, national or ethnic origin, religion, age, gender, marital status, sexual orientation, handicap, or veteran status in the administration of its educational policies, admission policies, scholarship and loan programs and other programs administered by BHSN.

*Thank you for applying to Bridgeport Hospital School of Nursing.
We look forward to reviewing your application.*