



Application for College Admission

Instructions

Please print or type the information on this application. Be sure to use your legal name. If your high school or college records appear under a different name, please indicate that under "previous names." For additional information about admission, campus visits, financial aid and scholarships, visit www.aultmancollege.edu or call 330-363-6347.

Application Deadlines

January 15 for Fall Enrollment

July 15 for Spring Enrollment

Application Checklist (check boxes)

Applications will be reviewed once the Admissions Office receives all of the required documents. Please use the following checklist to complete the application process.

NOTE: transcripts and GED scores are considered *official* only when they are in a sealed envelope from the originating institution and bear the school seal or official signature.

- Complete and sign application.
- Enclose \$30 non-refundable application fee.
Checks can be made payable to Aultman College of Nursing and Health Sciences. You may also pay by credit card by calling 330-363-6347 or by cash at the main College office.
- Military Service – Application fee will be waived if proof of military service is provided.
- Submit official high school transcripts or official General Education Development (GED) scores.
- Submit ACT/SAT Testing scores (if applicable).
Aultman College codes are: ACT: 3228, SAT: 3203
- Submit official transcripts from each college attended (if applicable).

APPLICATIONS, DOCUMENTS, AND TRANSCRIPTS SHOULD BE SUBMITTED TO:

Aultman College of Nursing and Health Sciences
Office of Admissions
2600 Sixth St. SW
Canton, OH 44710

Aultman College of Nursing and Health Sciences

Office of Admissions, 2600 Sixth St. SW, Canton, OH 44710

Phone: 330-363-5075 Fax: 330-580-6654

Email: admissions@aultmancollege.edu Web: www.aultmancollege.edu**Term and Program Identification**

Date of Application: _____

Please indicate which academic term and year you intend to enroll: (fill in year)

 Fall 20____ Spring 20____Have you previously applied for admission to Aultman College? Yes Date _____ No Have you previously attended Aultman College? Yes Date _____ No Please indicate your area of interest: Nursing Radiography
 Undeclared major * Non-degree seeking**

* Undeclared major: Degree-seeking students who are still exploring their major options. Students with undeclared majors must meet College requirements for admission. See college catalog for further details.

**Non-degree seeking students: Applicants who wish to take general education courses but are not seeking entrance into a degree program. Non-degree seeking students are not eligible for financial aid. See College catalog for further details.

Personal Information**Legal Name** (Please print)_____
Last Name First Name Middle Name Previous Name(s)_____
Social Security Number Date of Birth

Providing a Social Security Number on the application is voluntary but will be required to enroll in Aultman College. Students are notified, however, that only the Social Security number may be used as an identifier for grants, loans and other financial aid programs according to federal regulations. The student's Social Security number will not be disclosed to individuals or agencies outside the college except in accordance with the institutional policy on student records.

Current Contact Information_____
Number and Street_____
City State Zip Code County_____
Home Phone (Area Code and Number) Email Address, if available_____
Work Phone (Area Code and Number) Cell/Other Phone (Area Code and Number)**Billing Address** (if different from above)_____
Number and Street City State Zip Code County

Please indicate one or more ways you learned about Aultman College of Nursing and Health Sciences:

- | | |
|--|--|
| <input type="checkbox"/> Personal visit to the College/Information Session | <input type="checkbox"/> Information gained through telephone contact with College representative |
| <input type="checkbox"/> Information/Admission packet received in response to your inquiry. | <input type="checkbox"/> Reputation of the College |
| <input type="checkbox"/> A visit to your school by a College representative
Name of School: _____ | <input type="checkbox"/> Alumni |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Current student nurse /radiology technologist

Name of Student |
| <input type="checkbox"/> Newspaper Ad | <input type="checkbox"/> Other |

Have you ever been suspended, sanctioned, excluded, or precluded from participating in Medicare, Medicaid, or other private governmental health insurance programs? Yes No

Certification Statement

I have read this document and understand what it means. The information is complete and accurate to the best of my knowledge.

I hereby certify that the answers to all questions on the application verification are correct. I understand that any false information, misinterpretation or omission will be cause for withdrawal of my application or my dismissal from the College. I authorize any provided companies, schools, agencies, or person(s) to give information regarding my employment, character, education, work history, health, or police record to Aultman College of Nursing and Health Sciences.

I understand my admission to Aultman College of Nursing and Health Sciences is reliant upon meeting all College entrance requirements.

I understand that if I become enrolled in Aultman College of Nursing and Health Sciences, I agree to abide by all the rules and policies of the College.

Signature

Date

The information collected in this section is optional and will not be used in the admission decision process. This information will be filed separately from your application.

Voluntary Information

GENDER: Male Female

MARITAL STATUS: Single Married

RACIAL/ETHNIC CATEGORY: Select one or more categories to indicate what you consider yourself to be.

- | | |
|---|--|
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian, Non-Hispanic |
| <input type="checkbox"/> Black or African American, Non-Hispanic | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander, Non-Hispanic |
| <input type="checkbox"/> White, Non-Hispanic | <input type="checkbox"/> Two or more races, Non-Hispanic |
| <input type="checkbox"/> American Indian or Alaska Native, Non-Hispanic | <input type="checkbox"/> Unknown |

FAMILY INFORMATION:

Are you a first generation college student? Please circle: Yes or No

A first generation college student is the first in his/her family (mother, father, or siblings) to complete a college education.

Parent/Guardian 1

Highest school this parent/guardian completed:

Less Than HS Graduate	<input type="checkbox"/>	HS Graduate or Equivalent	<input type="checkbox"/>
Some College	<input type="checkbox"/>	Technical School	<input type="checkbox"/>
2-Year College Degree	<input type="checkbox"/>	Bachelor's Level Degree	<input type="checkbox"/>
Some Graduate School	<input type="checkbox"/>	Master's Level Degree	<input type="checkbox"/>
Doctorate (Academic)	<input type="checkbox"/>	Doctorate (Professional)	<input type="checkbox"/>
Post-Doctorate	<input type="checkbox"/>		

Did this parent graduate from Aultman College? Yes No If yes, year of graduation _____

Is this parent an employee of Aultman Hospital? Yes No

Parent/Guardian 1 Name:

Last

First

e-mail address

Relationship to applicant: Mother Father Step-Father Step-Mother Legal Guardian

[Family Information continued on next page]

FAMILY INFORMATION, Continued:

Parent/Guardian 2

Highest school this parent/guardian completed: Less Than HS Graduate HS Graduate or Equivalent
Some College Technical School
2-Year College Degree Bachelor's Level Degree
Some Graduate School Master's Level Degree
Doctorate (Academic) Doctorate (Professional)
Post-Doctorate

Did this parent graduate from Aultman College? Yes No If yes, year of graduation _____

Is this parent an employee of Aultman Hospital? Yes No

Parent/Guardian 2 Name:

Last

First

e-mail address

Relationship to applicant: Mother Father Step-Father Step-Mother Legal Guardian

Did any other family member(s) graduate from Aultman College? Yes No

If yes, graduate's name _____

Year of graduation _____ Relationship to applicant _____
(yyyy)

If yes, graduate's name _____

Year of graduation _____ Relationship to applicant _____
(yyyy)