



## Application for 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](http://www.aultmancollege.edu) or call 330-363-6347.

### Application Deadlines

February 1 for Fall Enrollment

August 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 as a guide 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 \$45 non-refundable application fee.  
Checks can be made payable to Aultman College. Payment may also be made 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 General Education Development (GED) scores.
- Submit ACT/SAT Testing scores (if applicable) if scores are not printed on high school transcript.  
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

Application for Admission Rev. 5/12/11  
Rev. 2/1/12  
Rev. 7/25/12  
Rev. 10/24/13  
Rev. 2/3/14

## Aultman College of Nursing and Health Sciences

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

Phone: 330-363-5075 or 330-363-6773 Fax: 330-580-6654

Email: [admissions@aultmancollege.edu](mailto:admissions@aultmancollege.edu) Web: [www.aultmancollege.edu](http://www.aultmancollege.edu)

### Term and Program Identification

Date of Application: \_\_\_\_\_

Please indicate your area of interest:  Nursing  Radiography  
 Undeclared major\*  Non-degree seeking\*\*

Have you previously applied for admission to Aultman College? Yes  Date \_\_\_\_\_ No

Have you previously attended Aultman College? Yes  Date \_\_\_\_\_ No

\* *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)

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**Citizenship Status**

U.S. citizen (U.S. national)       U.S. Permanent Resident *(Proof of permanent residency required)*

Country of citizenship \_\_\_\_\_

**Educational History****High School**

*Please list the current or most recent high school attended.*

<i>Name of School</i>	<i>City and State</i>	<i>Dates Attended Month/Year to Month/Year</i>	<i>Actual or Expected Date of Graduation</i>

GPA: \_\_\_\_\_ of \_\_\_\_\_

Rank: \_\_\_\_\_ of \_\_\_\_\_

**If not a high school graduate, have you earned the General Equivalency Diploma (GED)?**

Yes     No    Date earned \_\_\_\_\_    Score \_\_\_\_\_

**ACT Test:** \_\_\_\_\_  
Date taken                      Composite score

**SAT Test:** \_\_\_\_\_  
Date taken                      Composite score

**Post-Secondary (College or Technical School) Education**

*Please list in chronological order, starting with the first post-secondary institution you attended, all education you have received beyond high school.*

<i>Name of Institution</i>	<i>City and State</i>	<i>Dates Attended Month/Year to Month/Year</i>	<i>Degree Earned</i>

--	--	--	--

GPA: \_\_\_\_\_ of \_\_\_\_\_ (from most recent college transcript)

**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<br>Name of School: _____ | <input type="checkbox"/> Alumni  |
| <input type="checkbox"/> Internet Search   | <input type="checkbox"/> Current student nurse /radiology technologist<br>_____<br>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 hereby certify that my answers to all questions on this application are complete and accurate to the best of my knowledge. I understand that any false information, misrepresentation or intentional omission will be cause for withdrawal of my application by the college or my dismissal from the college. I authorize all of the companies, schools, agencies, or person(s), as named by me in this application, to give information about my employment, character, education, work history, health, or police record to Aultman College of Nursing and Health Sciences.

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.

I understand that my final acceptance to Aultman College is contingent upon:

- Meeting all application requirements.
- Meeting all college entrance requirements.
- Meeting the entrance criteria for desired program (Nursing or Radiography).
- If accepted into a program, completing all required physical, immunization, and drug-screening requirements, submitting evidence of current BLS Healthcare Provider CPR certification from the American Heart Association, and receiving the Hepatitis “B” surface antibody series (recommended) or completing the declination form. Also, successful completions of the background check and fingerprint procedure.
- Upon official notice of my acceptance to a degree-granting program at Aultman College, the return of my RSVP form with payment of the \$100 non-refundable reservation fee.

I have read this certification statement and I understand what it means. The information I have provided in this application is complete and accurate to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NOTE TO ALL APPLICANTS:** Admission to the Nursing and Radiography programs is competitive in nature and is not guaranteed. A selection committee ranks all applications, and preferences are given to the most qualified applicants. For more information, please refer to the ranking procedure for each program which is available at [www.aultmancollege.edu](http://www.aultmancollege.edu).

**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)