



CAAN Academy of Nursing

"Educating Nurses Woven the Moral Fiber of Care and Compassion"

High School Graduate - PN Program Application Form

Website: www.CAANAcademy.org

Email: info@caanacademy.org

Please submit completed application packet to: CAAN Academy of Nursing
ATTENTION: Evaluation Committee
4747 Lincoln Mall Drive, #420
Matteson, IL 60443

Please type or print in black ink only and answer all questions. Incomplete Applications Will Not Be Accepted.

SECTION I: GENERAL INFORMATION

Name:

_____ (Last) (First) (Middle)

Any Other Names Used: _____
(Last) (First) (Middle)

Street Address: _____

City: _____ State: _____ Zip code: _____

Home Telephone: _____ Email: _____

Cell Phone: _____ Social Security Number: _____

Gender (check one): Male Female Date of Birth: _____

Ethnicity (check one): African American Asian/Pacific Islander Caucasian Hispanic Native American
Other

CAAN Academy of Nursing is strongly committed to Equal Opportunity and does not discriminate on the basis on race, color, religion, sex, national origin, age, veteran status, disability, marital status, or sexual orientation.

SECTION II: PERSONS TO BE NOTIFIED IN CASE OF EMERGENCY

Last Name First Name
Relationship: _____ Phone: _____

Last Name First Name
Relationship: _____ Phone: _____

SECTION III: TRANSPORTATION INFORMATION

Do you have reliable personal transportation to and from classroom and clinical sites? Yes No

SECTION IV: CLASS TIME PREFERENCE: **DAYTIME** **EVENING** **EITHER**

SECTION V: ACADEMIC INFORMATION

Highest Grade Level Completed: _____

Do you have a High School Diploma or GED certificate within the last 2yrs? Yes No

Have you completed the Nursing Assistant training course? Yes No

Have you obtained a CNA certification? Yes No

Are you currently enrolled in School? Yes No

If yes, School Name: _____

Address: _____

City

State

Zip Code

Have you completed and passed the following classes with a C or better? *

2 Sciences (1-Chemistry & 1-Biology) Yes No

2 English Yes No

2 Math (1-Algebra) Yes No

Basic Computer Training (if applicable) Yes No

High School Graduation Date (Must be with in last 2 years) _____

Current or previous cumulative GPA: _____

Career Goals: _____

Have you ever been convicted of a felony? Yes No If Yes, Please Explain _____

Please provide a copy of an Official Transcript; Applicants must be free of disqualifying convictions

SECTION VI: FINANCING (Please answer all questions)

What form of payment will you be using?

Financial Aid Cash Grant Scholarship Other: _____

Have you completed a Free Application for Federal Student Aid (FAFSA) and added CAAN's School Code (042428) Yes No

Have you applied for Private Funding? Yes No (If Yes, What Type?) _____

SECTION VII: ATTACHMENTS*:

1. One page (500 words) typed essay detailing why you want to become a nurse. Response should be double spaced in 12pt Times New Roman Font.
2. Copy of an Official Transcript.
3. Two letters of recommendation, one personal, and one professional.
4. Application Fee (\$35.00)

****All attachments are required for the completion of this application. An admission exam will be scheduled upon receipt of completed admission packet. ****

I do certify that the information in this application is complete and accurate. Failure to be truthful will invalidate this application.

Applicant Signature: _____

Date: _____