



**DEPARTMENT OF NURSING  
 OGLALA LAKOTA COLLEGE  
 APPLICATION FORM**

PO Box 861  
 Pine Ridge, SD 57770  
 (605)-867-5856  
 Fax (605) 867-5724

**Instructions:** Please type or use black ink to complete this application for admission, sign it, and return it to the Department of Nursing by Jan 15th. Applying students should enclose a check or money order for the appropriate application fee per the application instructions.

Applying for the first time at OLC Dept of Nursing  Reapplying

**Biographical Information**

Legal Name _____			
Last	First	Middle	Maiden
Permanent Address _____			
Street, or Box	City	State	Zip
Phone (Home) _____ - _____ - _____		Other _____ - _____ - _____	E-mail _____
Birth Date _____			
Emergency Contact _____			
Name	Daytime Phone Number	Relationship	
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other (specify citizenship) _____			
Tribal Enrollment: <input type="checkbox"/> Oglala Lakota Enrollment # _____ <input type="checkbox"/> Other (please specify) _____			
Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes - Branch _____			

**Educational Background**

High School Attended _____		
School	City	State
Date of High School Graduation or GED (MM/YY) _____/_____		
<b>College Preparatory Classes Taken in High School</b>		
Class	Credits	Grade
<b>Post Secondary Education</b>		
List ALL Colleges/Universities Attended (other than OLC):		
School Name	City	State
		Dates Attended
		GPA
Are you eligible to return to the institution(s) from which you are transferring? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach a letter of Explanation.		
Have you ever been dismissed from any college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and for what reason? _____		
Have you previously applied for admission to another nursing school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what college? _____		
Were you admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Additional Information**

Have you ever been convicted of a crime other than a traffic violation?  Yes  No If yes, please explain:

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Health related job experience in the last 5 years.

Type of Work \_\_\_\_\_ Dates of Employment \_\_\_\_\_

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Honors or Awards Received:

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Level of Computer Skills. Please circle all that apply:

E-mail                                  Search Internet                                  Word Processing                                  Spread Sheets

Do you have any medical or psychiatric condition that requires follow up? YES NO If yes, please explain: \_\_\_\_\_

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*The following information is used for institutional Federal Grant purposes. Your responses will in no way affect your admission. Please circle your answers.*

**Sex:** Male Female                      **Disability:** Audio Visual Learning Disabled Mobility –Ambulatory Mobility-Wheelchair

**Marital Status:** Married Unmarried **Ethnic Group:** Am. Indian Asian African- Am Hispanic White Other Unknown

All answers I have given on this application are accurate and true, and any intentional misrepresentation may be cause for revocation of admission. If admitted, I agree to observe the rules of the Oglala Lakota College, Department of Nursing and to pay all fees and charges assessed.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:** Date Received: \_\_\_\_\_ by: \_\_\_\_\_  
Total Amount Paid: \_\_\_\_\_  Check  Cash  Money Order