



**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) _____/_____				
College Preparatory Classes Taken in High School				
Class	Credits	Grade		
Post Secondary Education				
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:

Health related job experience in the last 5 years.

Type of Work _____ Dates of Employment _____

Honors or Awards Received:

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: _____

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