Scott School of Careers

Admission Application

Please submit completed packet to 5120 W Jackson Boulevard 2nd floor Chicago, IL 60644
Via email to contactsscwest@gmail.com or fax to 602-581-3193 prior to submission deadline.

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Other Names Used: _____

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Program Applied for: _____

How did you hear about us: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Ethnicity: Black/African American ☐ Asian Pacific Islander ☐ Caucasian ☐ Hispanic ☐ Native American ☐ Other ☐

Have you ever taken a medical/healthcare course? Yes ☐ No ☐

If yes, when/where/what kind? _____

Have you ever been convicted of a felony? Yes ☐ No ☐

If Yes, Please Explain: _____

Scott School of Careers assures that no person shall be excluded from or denied the benefits of any program or activity on the basis of race, color, age, sex, religion, disability, or place of origin

Emergency Contact Information (must have 2 listed)

Name: _____ Relationship: _____ Number: _____

Name: _____ Relationship: _____ Number: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Academic Admission Information -PN Applicants ONLY

Do you hold an active CNA/CMA Certificate? Yes ☐ No ☐
Are you an EMT in good standing? Yes ☐ No ☐
Are you currently enrolled in school at this time? Yes ☐ No ☐
If yes, School Name: _____
Address: _____

Have you met the academic prerequisite requirements? (All Classes must be passed with C or better)
*College level Anatomy and Physiology _____
Scott School of Careers AP 099 course _____
Grade Point Average: _____

***Please provide official transcript; Background check must be free and clear of disqualifying convictions**

Reliability Information

Do you have reliable transportation to get to and from class and clinical? Yes ☐ No ☐
If applicable, do you have reliable childcare services in place? Yes ☐ No ☐
What is your class time preference? Day ☐ Evening ☐ Either ☐
What form of payment will you be using? Cash ☐ Grant/Scholarship ☐ Tuition Assistance ☐
Other _____
Private Loan/Funding with who: _____

ADDITIONAL PRACTICAL NURSING DOCUMENTS REQUIRED

- 500-word essay on what Nursing means to you. Response should be double spaced in 12pt Times New Roman Font
- Official Transcript
- 2 letters of professional recommendation
- $50.00 non-refundable application fee

***Incomplete applications will be rejected.**
Applicants to Practical nursing Program must pass HESI entrance exam to be considered for admission.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information in my application or interview may result in my release or non-consideration for program.

Applicant Signature: _____ Date: _____