Trinity College of Nursing
& Health Sciences
UnityPoint Health

Application for Admission EDGE

Trinity College of Nursing & Health Sciences | 2122 25th Avenue | Rock Island, IL 61201-5317

Program of interest:

☐ BSN ☐ Radiography ☐ Respiratory Care

Section 1: Date

1. Please enter anticipated entry date — Year _____ ☐ Spring ☐ Fall

Section 2: Applicant Information

1. What is your date of birth? — mm/dd/yyyy _____
2. What is your Social Security Number? — 000-00-0000 _____
   Your social security number is being collected in compliance with the Dept of Education, Federal Financial Aid regulations, Federal Trade Commission and the truth and lending laws. Your personal identification number will be kept confidential in compliance with the Federal Trade Commission (FTC) and the Gramm-Leach-Gliley Act (GLB).
3. What is your name?
   First _____
   Middle _____
   Last _____
   Maiden _____
4. What is your current address?
   Street _____
   City _____
   State _____
   ZIP Code _____
5. How many months/years have you lived at this current address? — Months/Years _____
6. Is your permanent address the same as your current address? — ☐Yes ☐No
7. If you answered **No** to question 6, what is your permanent address?
   Street _____
   City _____
   State _____
   ZIP Code _____
8. What is your e-mail address? — E-mail _____
9. What is your phone number?
   Phone _____
   Cell Phone _____
   Work Phone _____

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Section 4: Emergency/Family Contact Information

1. In case of an emergency who would you like us to contact?

☐Parent ☐Spouse ☐Legal Guardian
☐Other, please specify: _____

First _____
Last _____

2. What is your contact's address?

Street _____
City _____
State _____
ZIP Code _____

☐USA ☐Other, please specify: _____

3. What is your contact's phone number?

Home Phone _____
Cell Phone _____
Work Phone _____

Section 5: Statistical Information

1. What is your gender?

☐Male ☐Female

2. Are you a first generation student?
(Neither of your parents completed a college degree)

☐Yes ☐No

3. How did you find out about Trinity College of Nursing & Health Sciences? (check all that apply)

☐ Advertising
☐ Family Member
☐ Trinity Employee
☐ Admission Representative
☐ Friends
☐ Pastor
☐ Mailings
☐ High School Visit
☐ Faculty
☐ Counselor
☐ College Fair
☐ Trinity College Website
☐ Career Day
☐ Other

_____

4. What is your country of citzenship?

☐USA ☐Other, please specify: _____

5. If you answered **Other** to question 3, then if you are not a U.S. citizen, are you a permanent resident of the U.S?

☐Yes ☐No

6. If you answered **Yes** to question 4, Please provide a photo copy of your Alien Registration Card.

A- _____
Trinity College of Nursing & Health Sciences does not issue an I-20

7. Is English your native language?

☐Yes ☐No, please explain: _____

COLLEGE GUIDELINES

Trinity College of Nursing & Health Sciences is asked by the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer **BOTH** of the following:

8. Do you consider yourself to be Hispanic/Latino?
   - ☐ Hispanic/Latino
   - ☐ Not Hispanic/Latino

9. Select **one** or **more** of the following racial categories to describe yourself.
   - ☐ American Indian or Alaska Native
   - ☐ Asian
   - ☐ Black or African American
   - ☐ Native Hawaiian or Other Pacific Islander
   - ☐ White

10. If you chose American Indian or Alaska Native as your race, please list your tribal affiliation. _____

Section 7: Educational Information

List below the high school from which you graduated and all colleges and universities you have ever attended. A current, official transcript sent directly from each institution must be on file to fully process your application. Send transcripts to: Trinity College of Nursing & Health Sciences, 2122 25th Avenue, Rock Island, IL 61201-5317

	Name of School	Address	Date of Entrance MM/YYYY	Anticipated Graduation MM/YYYY	Diploma, Degree, Received or Credits Earned
High School					

All previous post-secondary institutions attended must be listed, regardless if credit was awarded or not.

Indicate college entrance examinations completed:

☐ ACT Date: _____

☐ SAT Date: _____

Section 12: Signature & Submission

Read the Statement Below Before Signing:
Please be informed that licensure or certification may be sanctioned for conviction of a crime including a **felony**, a gross misdemeanor, or misdemeanor with the exception of speeding and parking violations. Additionally, acceptance and successful completion does not guarantee licensure, certification, or employment, which may be contingent upon factors unrelated to the education process.

Trinity College of Nursing & Health Sciences admits students regardless of race, color, religion, sex or sexual orientation, national or ethnic origin, gender, disability, or age in admission, employment, programs, or activities. Persons having inquiries regarding compliance with Title IV, Title IX or Section 504 or any other questions may contact the Admissions Office at Trinity College of Nursing & Health Sciences or the Assistant Secretary for Civil Rights, US Department of Education.

Verification
I certify that the information contained in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation of the facts as stated or implied on this application is considered sufficient cause for reconsideration of my admission status, including withdrawal.

Applicant's/Student's Signature:

Please Print Name

Date: