

# Application *for Admission*

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- Application Instructions
- Financial Aid Instructions
- Application Checklist



Lancaster General  
College of Nursing  
& Health Sciences

[www.LancasterGeneralCollege.edu](http://www.LancasterGeneralCollege.edu)

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# APPLICATION INSTRUCTIONS

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## 1. Application Deadlines

February 1 For fall semester (August) applications (for all programs)

August 1 For spring (January) applications (for full-time nursing program only)

Applications received after the deadlines will be considered as space is available. Feel free to contact the Office of Admissions for information regarding space availability.

## 2. Application Fee

The non-refundable application fee is \$60. Checks or money orders should be made payable to Lancaster General College and should be submitted with your application. We will accept documentation from your Guidance Counselor regarding your eligibility for an application fee waiver.

## 3. Admissions Appointments

One-on-one appointments with an admissions representative are not required but are strongly encouraged. Please contact the Office of Admissions at 717-544-4912, option 3 or 1-800-622-5443, option 3. We suggest you call a week or two prior to your preferred date.

## 4. Required Application Materials

- **Official Transcripts**

Enclose all official transcripts from high school, GED (if applicable) and post-secondary institutions and colleges. Request that the institution(s) forward the transcripts to you in a sealed envelope. **Do not open the envelope.** Submit all of your transcripts (in their sealed envelopes) to Lancaster General College, along with your application. If your institution(s) prefer to mail the transcript(s) directly to our College, have them use the following College mailing address:

Lancaster General College of Nursing & Health Sciences  
Office of Admissions  
410 North Lime Street  
Lancaster, PA 17602

- **Entrance Examination Results**

The College Board SAT Reasoning Test or the American College Test (ACT) should be taken by December of your senior year in high school. **Our SAT code number is 2374; our ACT code number is 3609.** Have your test scores forwarded to our College. **Please note that SAT or ACT scores are not required if it has been more than two years since your high school graduation.**

- **Professional Recommendation Forms**

**If you are a current high school student,** submit one of the three enclosed recommendation forms to a guidance counselor, science teacher and a teacher of another academic subject. (Sign the waiver of accessibility on each form, if you choose to do so.)

**If it has been several years since your high school graduation, you may submit recommendation forms from college faculty, employers or appropriate others.**

**Please do not submit recommendation forms from family members or friends.**

Ask your references to return the forms to you in a sealed envelope with their signature placed over the seal. **DO NOT OPEN.** Enclose the sealed envelopes with your application. If your references prefer, they may send the recommendation forms directly to the College.

## 5. Essay

We require an essay on the topic of your interest in healthcare. Essays should be typed and should not exceed two typed pages or 500 words. Be certain to type your name on your essay and submit it on separate sheet(s) of paper.

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# APPLICATION FOR ADMISSION

## Lancaster General College of Nursing & Health Sciences Office of Admissions

410 North Lime Street, Lancaster, PA 17602 1-800-622-5443, option 3 717-544-4912, option 3

Individuals desiring to register for coursework as a non-degree student should complete the Open Studies Registration Form. An application for admission is not required. Financial aid is not available for open studies students. The Open Studies Registration Form is available on the website admissions page at [www.LancasterGeneralCollege.edu](http://www.LancasterGeneralCollege.edu).

### APPLICATION STATUS

#### Please check all that apply.

- I will be a:  Traditional Student (ages 18 to 24 with fewer than 12 college credits)  
 Non-Traditional Student (ages 25 and older with fewer than 12 college credits)  
 Transfer Student (any age with 12 or more college credits)

#### I want to be considered for:

- Regular Admissions  Pre-Clinical (General Education courses only at this time)  
 Early Admissions/Dual Enrollment (consideration for entering college at the end of your junior year in high school)

I want to be considered for the following semester:  Fall (August) 20\_\_\_\_  Spring (January) 20 \_\_\_\_

I will enroll:  Full-time (12 or more credits)  Part-time (fewer than 12 credits)

I will most likely:  Commute from home  Seek housing

Have you previously applied for admission to Lancaster General College?  Yes  No

If yes, please indicate semester and year: \_\_\_\_\_

Please note that your submitted admissions materials are kept active for one year.

### ACADEMIC MAJORS

Please indicate your area of academic interest.

- Cardiovascular Invasive Specialty  Nursing  
 Clinical Laboratory Science  Two-year day program  Radiography  
 Diagnostic Medical Sonography  Three-year evening/weekend session  Respiratory Care  
 Nuclear Medicine Technology  LPN advanced placement program  Surgical Technology

### PERSONAL INFORMATION (Please Type or Print Legibly)

1. Name \_\_\_\_\_  
Last First Middle Initial Maiden Name
2. My preferred name \_\_\_\_\_
3. List other names that may appear on transcripts \_\_\_\_\_
4. Permanent Address \_\_\_\_\_  
Number Street  
City State Zip County
5. Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address: \_\_\_\_\_
7. Gender:  Female  Male Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
8. Ethnic Group: *Please select the category that best describes your ethnic origin (optional).*  
 African American, Black  Hispanic, Latino  Caucasian, White  Other  
 Native American, Alaskan Native  Asian Pacific Islander  Multi-ethnic \_\_\_\_\_
9. Citizenship: *Please check one*  
 United States citizen  Resident alien Alien Registration Number \_\_\_\_\_  
 Non-resident alien: Visa type \_\_\_\_\_ (attach visa copy to application)
10. Place of birth: \_\_\_\_\_  
City State/Country
11. First language, if other than English: \_\_\_\_\_ Language spoken in your home: \_\_\_\_\_
12. **Have you ever been convicted of a felony or a crime of moral turpitude?**  Yes  No  
Eligibility to take national certification examinations for health professions could be adversely affected by a record of criminal conviction. Pre-application may be filed in order to obtain a ruling of the impact of eligibility for examination.

## EDUCATIONAL DATA

1. Name of High School: \_\_\_\_\_ Graduation Date: \_\_\_\_\_
2. High School Address: \_\_\_\_\_  

Number and Street
City
State
Zip Code
3. **County** of High School Location: \_\_\_\_\_ School Telephone: (\_\_\_\_) \_\_\_\_\_
4. Other Secondary Schools Attended (if any): \_\_\_\_\_
5. **Please list all courses you will be taking your senior year of high school:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
6. Have you taken or do you plan to take the Scholastic Aptitude Test (SAT-1)  Yes  No Date/s \_\_\_\_\_  
 American College Test (ACT)  Yes  No Date/s \_\_\_\_\_  
 Test of English as a Foreign Language (TOEFL)  Yes  No Date/s \_\_\_\_\_

Please note official scores must be sent to Lancaster General College. Our SAT code is 2374. Our ACT code is 3609.

7. **Have you attended any other college/university?**  Yes  No If yes, please complete the following section.

## TRANSFER STUDENTS ONLY

*(Applicants with previous college credits)*

### 1. College/University

### Dates Attended

List all colleges you have attended <small>List last college attended first</small>	Dates Attended	From		To		Degree (if any)	Cr. Hr. earned	GPA
		Month	Year	Month	Year			
Name State								
Name State								
Name State								

2. Have you requested academic transcripts to be sent from each previous institution attended?  Yes  No
3. Will you receive your associate degree prior to entering Lancaster General College?  Yes  No
4. Will you receive your baccalaureate degree prior to entering Lancaster General College?  Yes  No
5. **Please list all college courses you are presently taking:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## HEALTHCARE-RELATED EXPERIENCE

1. Have you done any volunteering in healthcare?  Yes  No If yes, please describe:  
 \_\_\_\_\_
2. Have you had any healthcare shadowing experiences?  Yes  No If yes, please describe:  
 \_\_\_\_\_
3. Are you presently employed in healthcare?  Yes  No  
 If yes, what was the starting date of your present employment? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  

<b>Position/s</b>	<b>Employer/s</b>	<b>Year/s</b>
_____	_____	_____
_____	_____	_____
4. If you are not presently employed in healthcare, are you presently employed?  Yes  No  
 If yes, in what capacity are you presently employed?  

<b>Position</b>	<b>Employer</b>	<b>Year</b>
_____	_____	_____

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## HONORS, AWARDS and ACTIVITIES

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1. Please list any academic honors or awards you have received: \_\_\_\_\_  
\_\_\_\_\_

2. Please list, in order of importance to you, your extracurricular experiences and interests. Include clubs or organizations, volunteerism, and any offices held:

High School Activities

Positions held, honors won, or letters earned


Post-Secondary Activities

Positions held or honors won


3. Please list any of the above activities you are interested in pursuing in college: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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## FINANCIAL AID INFORMATION

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1. To be eligible for Title IV Federal Aid, you must be a U.S. citizen, eligible non-citizen or a permanent resident.
2. Are you planning to apply, or have you applied for financial assistance?     Yes     No
3. If yes, the FAFSA was/will be filed on: \_\_\_\_\_ (*Please note our FAFSA code number is 009863*)
4. Are you a veteran, eligible dependent, or member of the National Guard or Selected Reserves?     Yes     No
5. Are you applying for Veterans Educational Benefits?     Yes     No

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## FAMILY INFORMATION

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1. Father/Male Guardian/Spouse: \_\_\_\_\_  

Name	Relationship	Living/Deceased
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2. Home Address (*if different*): \_\_\_\_\_
3. Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_
4. Name of College Attended (*if any*): \_\_\_\_\_ Degree: \_\_\_\_\_ Grad. Year: \_\_\_\_\_
5. Professional or Grad. School (*if any*): \_\_\_\_\_ Degree: \_\_\_\_\_ Grad. Year: \_\_\_\_\_
6. Mother/Female Guardian/Spouse: \_\_\_\_\_  

Name	Relationship	Living/Deceased
------	--------------	-----------------
7. Home Address (*if different*): \_\_\_\_\_
8. Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_
9. Name of College Attended (*if any*): \_\_\_\_\_ Degree: \_\_\_\_\_ Grad. Year: \_\_\_\_\_
10. Professional or Grad. School (*if any*): \_\_\_\_\_ Degree: \_\_\_\_\_ Grad. Year: \_\_\_\_\_



(Continued from inside front cover)

#### 6. **Required Signature and Optional Photograph**

Complete our application by providing your signature, indicating that you have presented your information completely, factually and honestly.

Submission of a photograph is optional. Pictures help to remind us that an application represents a human being, rather than a set of numbers, grades, and activities. Please be sure to write your name on the back of the photograph.

**Forward your completed application, along with the non-refundable fee of \$60 made out to Lancaster General College, in the enclosed pre-paid envelope.**

**We look forward to receiving your application soon!**

**YOUR APPLICATION WILL BE REVIEWED AFTER ALL REQUIRED DOCUMENTS HAVE BEEN RECEIVED.**

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### **Go Online to Check the Status of Your Application**

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[www.lancastergeneralcollege.edu](http://www.lancastergeneralcollege.edu)

1. Choose SONIS from the Quick Links menu.
2. Log in "For Applicants."
3. Choose "If you have forgotten your PIN check here."
4. Type in the email address you provided to us on your application.
5. A PIN number will be assigned to you.
6. After logging in with your PIN number, you will be able to view your application status.

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### **Financial Aid Instructions**

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1. Apply for admissions to Lancaster General College of Nursing & Health Sciences as soon as possible in your senior year of high school or as soon as possible after making your decision to apply to the College.
2. Please note that in order to receive financial aid, you must be an accepted student to the College and you must be in a degree-seeking program.
3. Complete the Free Application for Federal Student Aid (FAFSA) after **January 1** and list Lancaster General College of Nursing & Health Sciences on the application (our **Title IV code is 009863**).
4. FAFSA forms are available online at [www.fafsa.ed.gov](http://www.fafsa.ed.gov). If you do not have access to a computer, forms are also available in your high school guidance office or college financial aid office.
5. **Pennsylvania residents applying to the State Grant Program** must submit the FAFSA **prior to May 1**.
6. Applicants from other states should contact their state agency to obtain specific details on applying for student financial aid programs and deadline dates.

**If you need assistance or have additional questions, please contact the Financial Aid Office at 717-544-7933 or 1-800-622-5443, option 2, ext. 47933.**

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### **Application Checklist for Completed Items**

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- Review Instructions and Deadlines (inside cover)
- Make Admissions Appointment (optional; refer to instructions)
- \$60 Application Fee or Official Fee Waiver
- Official Transcripts from all Schools or Institutions Attended
- SAT or ACT scores (not needed if you graduated more than two years ago from high school)
- Three Recommendation Forms
- Essay
- Required Signature and Optional Photograph

## **COME VISIT US!**

Please come visit with us here at our College. You may choose to have an individual appointment with an Admissions Representative Monday through Friday. We encourage you, however, to call a week or two in advance so that we know when to expect you.

We also offer several other opportunities for you to visit our College. All of our Open House programs and Career Exploration Days will provide you with an in-depth look at our programs and services. To reserve your space, give us a call at 1-800-622-5443, option 3 or (717) 544-4912, option 3 or visit our website at [www.LancasterGeneralCollege.edu](http://www.LancasterGeneralCollege.edu).



Lancaster General  
College of Nursing  
& Health Sciences

All written correspondence  
should be mailed to the  
following address:

Lancaster General College  
410 North Lime Street  
Lancaster, PA 17602

For admissions appointments,  
please note the location  
of the Office of Admissions:

Lancaster General College  
549 North Lime Street  
Lancaster, PA 17602  
(717) 544-4912, option 3  
1-800-622-5443, option 3



# Lancaster General College of Nursing & Health Sciences

## ACADEMIC TRANSCRIPT REQUEST

**Please submit to your High School Guidance Office and/or College Registrar's Office.**

**Important:** This form is provided to assist the student in requesting official transcripts. The student is solely responsible for requesting all high school and college/university transcripts from previously attended institutions.

### ATTENTION STUDENT:

1. You, the student, are responsible for completing and mailing a copy of this Academic Transcript Request Form to each high school and or college/university from which you have received prior academic credit. **Make copies of this form for your use.**
2. Many colleges charge a fee for transcript requests. Check with the college first, and then attach the appropriate fee with this form (if needed).
3. Sign and date the bottom of this form.
4. Send a copy of your signed form to your prior high schools and colleges/universities.

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

High School Name: \_\_\_\_\_

High School Graduation Date: \_\_\_\_\_

If you have completed coursework beyond high school, please complete the following:

Post-secondary institution name: \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Degree earned: \_\_\_\_\_

Post-secondary institution name: \_\_\_\_\_

Dates attended: From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Degree earned: \_\_\_\_\_

**Dear Counselor/Registrar,**

At your earliest convenience, please forward an official transcript of my records to:

**Lancaster General College of Nursing & Health Sciences  
Office of Admissions  
410 North Lime Street  
Lancaster, PA 17602**

Included is my transcript fee of \$ \_\_\_\_\_ (many colleges charge a fee for this service).  
Contact the institution for information on fees.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_



# Lancaster General College of Nursing & Health Sciences

## RECOMMENDATION FORM

### Applicant to complete this section

Please select the correct box to identify the individual completing this form.

Teacher/Professor

Counselor/Academic Advisor

Employer

Other (Specify) \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

### Waiver of Accessibility

I understand that this evaluation will be confidential, and I waive my right to read it.

Applicant's Signature \_\_\_\_\_

**I DO NOT WAIVE** my right to read this evaluation.

Applicant's Signature \_\_\_\_\_

---

### Person providing reference to complete this section

Your evaluation of the applicant's personal qualifications is important in considering his/her interests and ability, and your evaluation will be handled confidentially. Where your acquaintance is insufficient for comment, write "cannot report." Additional pages may be added for further comments.

1. How long have you known the applicant?

\_\_\_\_\_

2. Describe your contact with the applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What do you consider to be this person's assets or strong characteristics?

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4. In your opinion, does this person exhibit any personality characteristics that might negatively impact on a career in healthcare?  Yes  No If yes, please provide additional information.

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Place an "X" in the appropriate spaces below. Please comment on the factors you considered to arrive at your rating.	Excellent	Satisfactory	Unsatisfactory	No Basis for Judgement	Comments
Adaptability					
Emotional Stability					
Leadership Ability					
Dependability					
Oral Expression					
Written Expression					
Sensitivity					
Judgement					
Initiative					
Integrity					

Strongly Recommend     Recommend     Recommend with Reservation     Do Not Recommend

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Directions:**

Place form in sealed envelope, sign your name over the seal, and return to applicant for inclusion with their application. If you prefer to forward directly to the College, mail to:

Office of Admissions  
 Lancaster General College of Nursing & Health Sciences  
 410 North Lime Street  
 Lancaster, PA 17602



# Lancaster General College of Nursing & Health Sciences

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Judgement					
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Strongly Recommend    Recommend    Recommend with Reservation    Do Not Recommend

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number (    ) \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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# Lancaster General College of Nursing & Health Sciences

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Teacher/Professor

Counselor/Academic Advisor

Employer

Other (Specify) \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Address \_\_\_\_\_

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\_\_\_\_\_

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Integrity					

Strongly Recommend    Recommend    Recommend with Reservation    Do Not Recommend

Name \_\_\_\_\_

Title \_\_\_\_\_

Telephone Number (   ) \_\_\_\_\_

Email: \_\_\_\_\_

Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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