



WILLIAM PENN UNIVERSITY

APPLICATION FOR ADMISSION

RN-BSN PROGRAM

RETURN TO: **WILLIAM PENN UNIVERSITY**
 OFFICE OF ADMISSIONS
 201 TRUEBLOOD AVE
 OSKALOOSA, IA 52577

Please complete this form **fully** to be considered for admission to the RN-BSN program.
To complete your application, please also submit official transcripts from all previously attended colleges.

Questions? Call the Office of Admissions at 1-800-779-7366 ext. 1

APPLICANT

Legal Name _____
Last (Enter name **exactly** as it appears on official documents.) First Middle Jr., etc.

Preferred name, if not first name (only one) _____ Former last name(s) _____

Birth Date _____ Female Male U.S. Social Security Number, if any _____
mm/dd/yyyy

Preferred telephone Home Cell Home (____) _____ Cell (____) _____

E-mail Address _____ Secondary E-mail _____

Permanent home address _____
Number & Street Apartment #

City/Town County or Parish State/Province Country ZIP/Postal Code

Current address (if different from permanent) _____ Address valid until _____
mm/dd/yyyy

DEMOGRAPHICS

Marital Status Single Married Divorced Widowed
 If married, spouse's name _____

Birthplace _____
City/Town State/Province Country

Religious Affiliation _____
(Optional)

1. Have you ever served in the U.S. Military? Yes No
 If no, are you the dependent of someone who served? Yes No

2. If yes to either of the above, do you intend to apply for military or veteran's educational benefits? Yes No

If yes, what is your current military status (or the veteran's if you are a dependent)?
 Active Duty National Guard/Reserve Veteran

Citizenship Status U.S. Citizen Other _____

1. Are you Hispanic/Latino or of Spanish origin?
 Yes (If yes, please describe your background below) No

2. Regardless of your answer to the prior question, please indicate how you identify yourself (check all that apply).
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander

YOUR PLANS & STATUS

I will register for:
 Fall 20____ Spring 20____

I wish to enroll at the following location:
 Oskaloosa Johnston
 Southwestern Community College—Creston
 Marshalltown Community College—Marshalltown
 Online

Do you intend to apply for financial aid? Yes No

Do you intend to apply for tuition reimbursement from your current employer? Yes No
 If so, please name employer _____

Professional Information
 Iowa RN License Number _____
 Current Employer _____

Housing Plan Live on Campus Commute
 Commute - Live With Parents

Note: To be considered for grants or loans, you will need to complete the Free Application for Federal Student Aid. It is also available online at www.fafsa.gov.

EDUCATION

Please list all of your most recent **colleges with dates** attended (attach separate sheet if necessary):

School Name _____ City, State, Zip, Country _____ Dates Attended (mm/yyyy) _____

School Name _____ City, State, Zip, Country _____ Dates Attended (mm/yyyy) _____

School Name _____ City, State, Zip, Country _____ Dates Attended (mm/yyyy) _____

High School Graduation Date ____/____/____ OR GED Completion Date ____/____/____

Please submit transcripts from each institution you've attended.

REFERRAL

How did you hear about William Penn University?

- Newspaper WPU Alumni _____ Internet: Website Facebook Twitter
 Television WPU Coach/Director _____ Family Member _____
 Radio WPU Faculty/Staff _____ Friend _____
 College Advisor Other _____

FAMILY

(If married or over 25 years old, please skip.)

Parent 1

- Mother Father Unknown
Is Parent 1 living? Yes No

Last *First* *Middle*

Home address if different from yours

Phone Home Cell Work (_____) _____

E-mail _____

WPU Graduate? Yes No If yes, what year? _____

Other College Attended _____ Grad Year _____
U.S. Veteran? Yes No

With whom do you make your permanent home?

- Parent 1 Parent 2 Both Legal Guardian Other _____

Other family members who graduated from William Penn University and year: _____

Parent 2

- Mother Father Unknown
Is Parent 2 living? Yes No

Last *First* *Middle*

Home address if different from yours

Phone Home Cell Work (_____) _____

E-mail _____

WPU Graduate? Yes No If yes, what year? _____

Other College Attended _____ Grad Year _____
U.S. Veteran? Yes No

SIGNATURE

If I am accepted by William Penn University, I understand that I will be expected to abide by all university rules and regulations. I acknowledge my responsibility for all financial obligations I incur while a student at William Penn University. I certify that all information in this application is complete and accurate. I understand that failure to report accurate and complete information may result in denial of admission or dismissal from the university. I understand that this application for admission to William Penn University and supporting documents will become permanent documents in my personal file. I authorize William Penn University to use my name and photo for public relation purposes, including advertising, promotional, press releases, social media and video usage, as deemed appropriate.

Signature _____ Date _____

In accordance with the Clery Act, the university publishes an annual security report that contains statistics for the previous three years concerning reported crimes. A copy of the report is available by request and can be accessed at <https://www.wmpenn.edu/student-life/campus-security/>