



Thomas Health

Junior Nursing Academy

Student Application

Middle and High school students in West Virginia who are interested in a nursing career will be considered for the Thomas Health Junior Nursing Academy. The Academy will be held three times in 2018 at Thomas Memorial Hospital and Saint Francis Hospital. **Only complete applications will be accepted. Applications must be received by April 17th, 2018.**

Application Requirements Include:

- *You must have at least 3.0 Grade Point Average*
- *You must be a current middle school or high school student attending 7th grade or higher*
- *You must submit a brief essay (1 page limit) that explains your personal interest in the nursing profession and why attending the Thomas Health System Junior Nursing Academy is important to you.*
 - ***Your essay must be submitted with this application.***

I. STUDENT INFORMATION

Please type or print all responses legibly in ink

Last Name First Name Middle Initial Nickname

Birth Date (Month/Day/Year) Home Phone Cell Phone Email Address

Street Address PO Box/Rural Route

City State of West Virginia County Zip Code

Scrub Size (Please circle one):

Adult XS (4/6) S (6/7) M (8-10) L (12/14) XL (16) 2X 3X

Petite _____ Regular _____ Tall _____

Gender:

Male

Female

We do not order extra scrubs, so order a little large versus too small. Scrubs are meant to be loose fitting, versus form fitting

Student Name _____

II. SCHOOL INFORMATION

Name of School Currently Attending _____ Current Grade in School _____

School Address _____ City _____ State of West Virginia _____

County _____ Zip Code _____ Phone (Including Area Code) _____

Current overall grade point average _____ (Must be at least a 3.0)

Completed Application Must Be Returned by April 17th, 2018

III. INFORMATION TO BE COMPLETED BY SCHOOL COUNSELOR OR TEACHER

School Counselor/Teacher Name (PRINT) _____ Title _____ Phone Number _____

I certify that the student applicant has a current overall grade point average of _____

School Counselor/Teacher Signature _____ Date _____

IV. HEALTH INFORMATION

Medical Problems and/or Medications:

In case of medical emergency, staff must be able to contact a parent/guardian or other emergency contact authorized to approve medical treatment for the student. Please provide current, accurate information and assure that you and/or a back-up contact are always available while the student is participating in Academy activities.

Parent/Guardian Name (PRINT) _____ Back-up Contact Name (Print) _____

Address _____ Relationship to student _____

Home Phone _____ Cell Phone _____ Work Phone _____ Home Phone _____ Cell Phone _____ Work Phone _____



Student Name _____

IV. STUDENT AND PARENT SIGNATURES

I certify that the information contained in this completed application is accurate. I certify that I wrote the essay I am submitting with this application. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or the Thomas Health Junior Nursing Academy. If I am selected for the Academy and choose to participate, I agree to abide by all Academy rules and guidelines and participate in all of the scheduled activities.

Student Signature

Date

I have read the application and certify that the information is accurate. I give my permission for my child to apply and participate in the Thomas Health Junior Nursing Academy. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond as requested to the West Virginia Junior Nursing Academy surveys regarding my child and his/her participation. I hereby agree that all participating entities will not be held responsible for any injury or accident that might occur through participation in the West Virginia Junior Nursing Academy; in addition, any medical expenses incurred as a result of such injury or accident will be my personal responsibility.

Parent/Guardian Signature

Date

I give my permission for photographs to be taken of me/my child to be used in publications, newspapers, television, websites or other visual media as related to the Thomas Health Junior Nursing Academy and all collaborating agencies. I understand that the above videotapes/photographs become the property of the West Virginia Center for Nursing and/or the Thomas Health and the videotapes/photographs may be used for news, education or other purposes related to the advancement of professional nursing in West Virginia.

Student Signature

Date

Parent/Guardian Signature

Date

Please return application to:
THS Junior Nursing Academy
4605 MacCorkle Ave SW
South Charleston, WV 25309

For questions and concerns:
Sandy Young
304-766-3983
SANDY.YOUNG@thomashealth.org

JuniorNursingAcademy@thomashealth.org
SeniorNursingAcademy@thomashealth.org



Completed Application Must Be Returned by April 17th, 2018
Essay must accompany application

Name _____

Please indicate below which session you would prefer to attend by marking the corresponding box. We will try to accommodate as many requests as possible. Please indicate a 1st and 2nd choice

_____ **Session 1 June 19th – 22nd, 2018**

_____ **Session 2 July 17th – 20th, 2018**

_____ **Session 3 July 31st - Aug 3, 2018**