



Thomas Health

Senior Nursing Academy

Student Application

Eight grade and higher students in West Virginia who have previously attended the Junior Nursing Academy are eligible to attend the Thomas Health Senior Nursing Academy. The Academy will hold sessions 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 a **current overall grade point average of 3.0***
- *You must be a current Middle or High school student who attended the JNA previously.*
- *Special Consideration will be made for students who have completed a Nursing/Health Career program through the County Vocational Technology Program.*
- *You must submit a brief essay (1 page limit) that explains your personal interest in the nursing profession and why attending the Thomas Health Senior 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):

Gender:

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

Male

Petite _____ Regular _____ Tall _____

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 _____

V. 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 Senior 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 Senior 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 Senior 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 Senior 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 Senior 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 and Senior Nursing Academies
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. Please make a 1st and 2nd choice. We will try to accommodate as many requests as possible.

_____ **Session 1 June 13, 14, 15, and 22**

_____ **Session 2 June 19-22**

_____ **Session 3 July 11, 12, 13, and 20**

_____ **Session 4 July 17-20**

_____ **Session 5 July 25, 26,27, and Aug 3**

_____ **Session 6 July 31 - Aug 3**