



**Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Last 4 of SSN:** \_\_\_\_\_

**Personal Email Address:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City, State, Zip:** \_\_\_\_\_

**County:** \_\_\_\_\_ **Phone:** ( ) - \_\_\_\_\_

**Housing:**    On campus    Off Campus    With Parent

Provide the name, email, and phone number of two references who will likely be in touch with you throughout your life. By giving their names and signing the interview, Blessing-Rieman College has permission to contact each reference.

- |  |  |
|--|--|
| <p>1. <b>Name:</b> _____</p> <p>    <b>Email:</b> _____</p> <p>    <b>Phone:</b> _____</p> | <p>2. <b>Name:</b> _____</p> <p>    <b>Email:</b> _____</p> <p>    <b>Phone:</b> _____</p> |
|--|--|

### Activities/Involvement

<b>Religious, Fraternal &amp; Community Service Activities – list activities and involvement below:</b>
<b>Professional Organizations- list activities and involvement below:</b>
<b>Do you have any family members who are graduates of Blessing- Riemann College of Nursing? If yes, please name and describe relationship below:</b>
<b>Area of interest in Nursing:</b>
<b>Anticipated geographic location after graduation:</b>
<b>Previous Academic Achievements:</b>
<b>Any Military Service:</b>

**PLEASE READ CAREFULLY AND SIGN:**

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, THE ABOVE INFORMATION IN THE APPLICATION IS CORRECT AND COMPLETE. I AGREE TO ALLOW ACCESS TO FINANCIAL AID RECORDS FROM ALL OTHER INSTITUTIONS ATTENDED, WHICH WILL AID THE FINANCIAL AID OFFICE AT BLESSING- RIEMAN COLLEGE OF NURSING TO BETTER EVALUATE MY FINANCIAL SITUATION. I REALIZE THAT FAILURE TO COMPLY WITH THIS MAY RESULT IN ADJUSTMENTS AND INCONVENIENT DELAYS. I UNDERSTAND THAT SATISFACTORY ACADEMIC PROGRESS AS DEFINED IN THE BLESSING-RIEMAN COLLEGE OF NURSING STUDENT HANDBOOK. CONVICTIONS FOR FEDERAL DRUG OFFENSES CAN ALSO RESULT IN THE LOSS OF ELIGIBILITY FOR FEDERAL FINANCIAL AID.

**I AGREE TO ALLOW BLESSING- RIEMAN COLLEGE OF NURSING AND HEALTH SCIENCES FINANCIAL AID OFFICE TO USE MY ACADEMIC AND FINANCIAL INFORMATION FOR SCHOLARSHIP / GRANT ELIGIBILITY.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**