1200 SW 3rd Street
Pompano Beach, FL 33069
Office: (954) 532-9614 – Fax: (754) 222-9835
Deposit must be paid to complete Enrollment Application

ENROLLMENT APPLICATION

Name: _____
Last First Middle/Maiden

Address: _____
Street and Number City State Zip County

Phone: _____
Home (including area code) Cell Work

Date of Birth: _____ Gender: _____ E-mail: _____
Month/Day/Year

Are you at least 18 years of age? Yes _____ No _____ Name of Parent/Guardian (if applicant is under 18): _____

Social Security Number: _____ Semester/Year: _____

High School Graduate? ☐ Yes ☐ No A minimum of a high school diploma (or equivalent) is required' list it below:

_____
High School's Name State Dates Attended

List institutions attended prior to HCAS: (This information must be provided for transfer credits if applicable)

Institution's Name	State	Dates Attended	Degree Awarded
Institution's Name	State	Dates Attended	Degree Awarded
Institution's Name	State	Dates Attended	Degree Awarded

Have you ever been convicted of a felony? YES_____ NO_____

If yes, please explain: _____

In case of emergency, indicate the person you request the school to contact.

Name: _____
Last First Relationship Phone #

Is their mailing address the same as yours? ☐ Yes ☐ No

Address: _____
Street and Number City State Zip County

Nation of Citizenship: _____

Non U.S. Citizens only: Resident Alien#: _____ Other Visa Type: _____

Issue Date: _____ Date Visa/ Alien Card Expires: _____

(COPY OF RESIDENT ALIEN CARD OR VISA TYPE MUST BE SUBMITTED WITH YOUR APPLICATION: MUST BE VALID THROUGH TERM OF ENTRY)

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Please answer both questions.

What is your Ethnicity? ☐ Hispanic or Latino ☐ Non-Hispanic or Latino

What is your race? Please check one or more that apply.
☐ White or Caucasian ☐ Black or African American ☐ Asian ☐ American Indian or Alaskan Native

☐ Hawaiian or Pacific Islander

I am in good standing at the last institution attended (eligible to enroll). ☐ Yes ☐ No
If "No," you are not eligible to attend HCAS.

If your answer to either of the following is "yes," you must submit a full explanatory statement on a separate sheet attached to this form. The College will undertake to expeditiously review your request for enrollment; however, you may not register until the review is complete. False or incomplete responses will result in a disciplinary action, cancellation of registration or invalidation of credits earned. If any box is checked "YES," additional documentation and/or further consideration by the Admissions Review Board may be required.

• Have you been found guilty by any school authorities or by any court to have disrupted or interfered with orderly conduct, processes, functions or programs by any educational institution? ☐ Yes ☐ No
• Have you been charged with a violation of the law, misdemeanor and/or felony (even if adjudication was withheld) which resulted in, or, if still pending could result in, probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license (you are not required to include traffic violations which only resulted in a fine)? ☐ Yes ☐ No
• I certify that the above information is correct and complete and understand that falsifying or withholding information may result in disciplinary action and withdrawal from the College. I agree to abide by the policies of the Florida Board of Education and the rules and regulations of this College.

Applicant Signature: _____ **Date:** _____

Do you have a current healthcare license/certificate? No_____ LPN _____ RN _____ Other _____

OCCUPATIONAL LICENSE: (Attach copy of license/certificate.)

License and Number: _____ State _____ Date Issued: _____

Important. You must read and sign the following section in order to complete your application to Hope College of Arts & Sciences. Failure to answer these questions will delay processing of your application. If you answer yes to any of the following, you must submit a full statement of relevant facts on a separate sheet attached to this form. You may be required to furnish the College with copies of official documentation explaining the final disposition of the proceedings. If any box is checked "YES", additional written documentation and/ or further consideration by the Admissions Review Committee may be required.

A. ☐ Yes ☐ No Are you currently or have you ever been charged with or subject to disciplinary action for educational or any other type of misconduct at any educational institution?
B. ☐ Yes ☐ No Have you ever been charged with a violation of the law that resulted in, or, if still pending, could result in probation, community service, a jail sentence, the suspension of your driver's license (including traffic violations that resulted in a fine of $200 or more)?

• I certify that the above information is correct and complete and understand that falsifying or withholding information may result in disciplinary action and withdrawal from the College. I agree to abide by the policies of the Florida Board of Education and the rules and regulations of this College.

Student's signature: _____ **Student ID #:** _____

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Please answer the following questions:

1. Do you work in the medical field? YES_____ NO_____
2. What is your job title?_____
3. Are you interested in a life-long career as a nurse? YES_____ NO_____
4. What has influenced your decision in becoming a nurse? _____
5. What do you think is the role of a nurse? _____
6. List four benefits to becoming a nurse.
   1. _____
   2. _____
   3._____
   4._____
7. Have you ever cared for an ill person other than a family member? YES_____ NO_____ (If no, skip to 9.)
8. How do you feel when caring for an ill nonfamily member? _____
9. As an applicant, you are required to write a short essay on why you wish to become a nurse. Please write legibly (or print) in your own words your reasons.

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Applicant's Signature _____ Date _____

Guardian's Signature (If Applicant is Under 18) _____ Date _____

DO NOT WRITE BELOW THIS LINE

Application accepted: _____ Letter to student: _____

Application denied: _____ Letter to student: _____