

**AMERICAN SAMOA COMMUNITY COLLEGE
NURSING DEPARTMENT
P.O. BOX 2609
PAGO PAGO, AMERICAN SAMOA 96799
TEL: (684)699-1586**

NAME _____ **Email Address:** _____

() **PROGRAM (√ ONE)**
 CNA _____ PN _____ RN _____

Please attach the following required documents with completed application

- () **Current Official College Transcript (cleared by Registrar)**
- () **Personal References (3)**
- () **Attach required forms: _____ Police Department Clearance**
- () **Application:**
 Due by May 15, 2025 for PN applicants
 Date Received _____
- () **Scheduled Interview: Date** _____

For Department Use Only

Placement/Completed: ENG _____ MAT _____ GPA _____

Check √ when received/results:

Physical Exam _____ **TB** _____ **Other** _____

Completed Application Verified Date _____ **Time** _____

ACCEPTED _____ **DENIED** _____

(Attach evaluation forms of acceptance/non-acceptance)

APPLICATION FOR ADMISSION

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AMERICAN SAMOA COMMUNITY COLLEGE
NURSING DEPARTMENT
P.O. BOX 2609
PAGO PAGO, AMERICAN SAMOA 96799

Please complete the application and return it to the Nursing Education Department.
PRINT or TYPE all information.

DATE: _____

Program applying (check one): CNA _____ PN _____ RN _____

1. NAME _____
Last First Middle

2. ADDRESS _____
Number/Street or P.O. Box City/Village State/County Zip

3. HOME PHONE: _____ WORK: _____ CELL: _____

4. DATE OF BIRTH: _____ AGE: _____ SEX: F ___ M ___
(Mo/Date/Year)

5. MARITAL STATUS: SINGLE _____ MARRIED _____
DIVORCED _____ WIDOWED _____

HIGH SCHOOL ATTENDED: YEAR _____ DEGREE _____
(Include Address) GRADUATED EARNED STUDIES

COLLEGES/UNIVERSITIES YEAR _____ DEGREE _____
MAJOR _____

ATTENDED: (Include Address) GRADUATED EARNED

WORK EXPERIENCE:

<u>POSITION</u>	<u>DUTIES</u>	<u>ADDRESS/CONTACT PERSON</u>
1. _____		
2. _____		
3. _____		

PERSONAL REFERENCES: Give names of three people who know you and can give personal information about you. Please do not include relatives. You can include a recent teacher, counselor, employer, supervisor or clergyman. Provide them with one copy of pages 5 - 7 (included with the application) and an envelope for them to place completed form to include with the rest of your application.

1. _____
2. _____
3. _____

If you are a minor (18 years or younger) and parents are not living, and you are not married, please indicate your legal guardian or sponsor.

<u>LAST NAME</u>	<u>FIRST</u>	<u>MIDDLE</u>		
<u>ADDRESS</u>	<u>Number/Street/PO Box</u>	<u>City/Village</u>	<u>State/County</u>	<u>Zip</u>

PERSON TO NOTIFY IN CASE OF EMERGENCY:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>
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HOME PHONE: _____ **WORK/CELL:** _____

Return your completed application to ASCC Nursing Department. Contact your previous school to send your official transcript(s) directly to ASCC, P.O. Box 2609, Pago Pago, American Samoa 96799 C/O Nursing Department. Please indicate if previous employment has been under another name.

PERSONAL PROFILE: Please write in your own handwriting a profile describing your background, and any experiences related to Nursing, why you have chosen to be a nurse, and your future aspirations. (NO LESS THAN 100 WORDS)

REFERENCE FORM

_____ (name: first, last) is applying for acceptance to the
(check one) CNA__ RN__ Nursing Program for the Spring 2024 semester. Please
evaluate this candidate by checking appropriate area of each category that best describes
the applicant:

Category	Excellent	Good	Fair	comments
CHARACTER				
RESPONSIBILITY				
SCHOLARSHIP				

INDICATE DATES YOU WERE ASSOCIATED WITH THIS PERSON:

Please provide additional information on this individual:

Print Name/Position or Title/ Employer

Telephone # _____

Signature

Date _____

Complete and return to: American Samoa Community College
Nursing Department
PO BOX 2609
PAGO PAGO, AS 96799

REFERENCE FORM

_____ (name: first, last) is applying for acceptance to the
(check one) CNA___ RN___ Nursing Program for the 2025 - 2026 school year. Please
evaluate this candidate by checking appropriate area of each category that best describes
the applicant:

Category	Excellent	Good	Fair	comments
CHARACTER				
RESPONSIBILITY				
SCHOLARSHIP				

INDICATE DATES YOU WERE ASSOCIATED WITH THIS PERSON:

Please provide additional information on this individual:

Print Name/Position or Title/ Employer

Signature

Telephone # _____

Date _____

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REFERENCE FORM

_____ (name: first, last) is applying for acceptance to the
(check one) CNA___ RN___ Nursing Program for the 2025 - 2026 school year. Please
evaluate this candidate by checking appropriate area of each category that best describes
the applicant:

Category	Excellent	Good	Fair	comments
CHARACTER				
RESPONSIBILITY				
SCHOLARSHIP				

INDICATE DATES YOU WERE ASSOCIATED WITH THIS PERSON:

Please provide additional information on this individual:

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_____ Signature	Date _____

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