AMERICAN SAMOA COMMUNITY COLLEGE
NURSING DEPARTMENT
P.O. BOX 26009
PAGO PAGO, AMERICAN SAMOA, 96799
TEL: (684) 699-1586

ASCC NURSING PROGRAM ADMISSION APPLICATION

NAME: _____ Email Address: _____

PROGRAM APPLYING (CHECK ONE):

☐ CNA ☐ PN ☐ RN

Required Documents Checklist

Please attach the following required documents with completed application:

☐ Current Official College Transcript

☐ Persona Reference (3)

☐ Attach required forms: Police Department Clearance

Application Deadlines & Scheduling

Application: _____

Date Received: _____

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

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

DATE: _____

1. Personal Information

Name: _____
(Last) (First) (Middle)

2. Address

P.O. Box: _____ **City/Village:** _____ **State:** _____ **Zip:** _____

3. Contact Numbers

Home: _____ **Cell:** _____ **Work:** _____

4. Demographics & Marital status

Date of Birth (mm/dd/yyyy): _____ **Age:** _____ **Sex:** ____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

5. Educational Background

HIGH SCHOOL ATTENDED (Include Address)	Year Graduated	Degree Earned	Studies
Colleges/Universities Attended (Include Address)	**Year Graduated**	**Degree Earned**	**Studies**

6. Work Experience

POSITION	DUTIES	ADDRESS/CONTACT PERSON

7. 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 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. _____

8. Minor / Guardian Information

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.

Name: _____
(Last) (First) (Middle)

Address: _____
(Number/Street/P.O. Box) (City/Village) (State/Country) (Zip)

Home Phone: _____ **Work/Cell:** _____

Submission Instructions: 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.

9. 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

American Samoa Community College • Nursing Department

_____ (name: first, last) is applying for acceptance to the ☐ **CNA** ☐ **RN** Nursing Program for the ☐ **Spring** ☐ **Summer** ☐ **Fall** _____ **(year) 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
P.O. Box 2609
Pago Pago, AS 96799

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