

# CONCORDIA COLLEGE

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## NEW YORK

### APPLICATION FOR ADMISSION Bachelor of Science in Nursing

Please submit this completed Application Form with your application fee of \$50.00.

Fall 2010 \_\_\_\_\_

#### Personal Information

Mr. /Mrs. /Ms. \_\_\_\_\_

Home Address \_\_\_\_\_  
*Last First MI Social Security Number*  
\_\_\_\_\_ *Street/Apt # City State ZIP*

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_  
*Street/Apt # City State ZIP*

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Denomination \_\_\_\_\_  
*Optional Optional*

Are you a veteran? N Y (Circle One)

#### Educational Background

Highest degree attained? \_\_\_\_\_

From what school? \_\_\_\_\_

In what year? \_\_\_\_\_

Please list **ALL** colleges and/or universities previously attended and request that official transcripts be submitted.

College/University	City	State	Credits Earned	Cum GPA
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check one:  High School Diploma  General Education Development (GED) Diploma

I have requested that my official college transcripts be forwarded to:

Concordia College–New York  
Office of Admission - Nursing  
171 White Plains Road  
Bronxville, NY 10708

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171 WHITE PLAINS ROAD, BRONXVILLE, NY 10708

PH: 914.337.9300 FX: 914.395.4500 WWW.CONCORDIA-NY.EDU

*Excellence In Christian Education Since 1881*

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### Employment Experience

List below your last two employers. In addition, please submit your resume with your application.

#### Employer #1

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_

#### Employer #2

Employer \_\_\_\_\_ Dates Employed \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Title \_\_\_\_\_

### Association with Concordia

How did you learn about Concordia's Nursing program?

Check all that apply:

- Concordia Website
- World Wide Web
- Bus
- Employer
- Television
- Radio
- Newspaper
- Alum
- Friend/Relative
- Other \_\_\_\_\_

**With this signature, I certify the information above is complete and true.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Submit

Please drop off or mail completed application form, resume, transcripts and application fee to:

#### Application Questions

Please direct to:

Concordia College–New York  
Office of Admission - Nursing  
171 White Plains Road  
Bronxville, NY 10708  
[admission@concordia-ny.edu](mailto:admission@concordia-ny.edu)  
(800) YES-COLLege

#### Program Questions

Please direct to:

Robert C. Piurowski, Director of Admission  
[robert.piurowski@concordia-ny.edu](mailto:robert.piurowski@concordia-ny.edu)  
Phone: (914) 337-9300 ex. 2149