

# West Virginia Junior Nursing Academy

A collaborative effort supported by: \_\_\_\_\_

## Student Application

Seventh and eight grade students in West Virginia who are interested in a nursing career will be considered for the West Virginia Junior Nursing Academy. The Academy will be held on DATE through DATE, at LOCATION and ADDRESS **Only complete applications will be accepted. Applications must be received by DATE.**

### Application Requirements Include:

- You must have at least an **80% current overall grade average**
- You must be a current middle school student attending **7<sup>th</sup> or 8<sup>th</sup> grade**
- You must submit a brief essay (1 page limit) that explains your personal interest in the nursing profession and why attending the West Virginia Junior Nursing Academy is important to you. **Your essay must be submitted with this application.**

## I. STUDENT INFORMATION

Please type or print all responses legibly in ink

Last Name	First Name	Middle Initial	Nickname
Birth Date (Month/Day/Year)	Home Phone	Cell Phone	Email Address
Street Address	PO Box/Rural Route		
City	State of West Virginia	County	Zip Code

<b>Scrub Size (Please circle one):</b> Adult XS (4/6) S (6/7) M (8-10) L (12/14) XL (16)	<b>Gender:</b> Male  Female	<b>Race: Circle one or more</b> Caucasian American Indian/Alaskan Native African American Asian Hispanic (non-Caucasian) Pacific Islander
---	--------------------------------------	---

### Medical Problems and/or Medications:

## II. SCHOOL INFORMATION

Name of School Currently Attending	Current Grade in School	
School Address	City	State of West Virginia
County	Zip Code	Phone (Including Area Code)
Current overall grade average	(Must be at least 80%)	

**Completed Application Must Be Returned by DATE (one week)**

**III. INFORMATION TO BE COMPLETED BY SCHOOL COUNSELOR OR TEACHER**

\_\_\_\_\_  
School Counselor/Teacher Name (PRINT) Title Phone Number

I certify that the student applicant has a current overall grade average of \_\_\_\_\_ %. (Must be at least 80%)

\_\_\_\_\_  
School Counselor/Teacher Signature Date

**IV. STUDENT AND PARENT SIGNATURES**

I certify that the information contained in this completed application is accurate. I certify that I wrote the essay I am submitting with this application. I understand that falsification of any information on this application may result in my being disqualified from the application process and/or the West Virginia Junior Nursing Academy. If I am selected for the Academy and choose to participate, I agree to abide by all Academy rules and guidelines and participate in all of the scheduled activities.

\_\_\_\_\_  
Student Signature Date

I have read the application and certify that the information is accurate. I give my permission for my child to apply and participate in the West Virginia Junior Nursing Academy. If my child is accepted and participates, I agree to support him/her throughout the program and will willingly respond as requested to the West Virginia Junior Nursing Academy surveys regarding my child and his/her participation. I hereby agree that all participating entities will not be held responsible for any injury or accident that might occur through participation in the West Virginia Junior Nursing Academy; in addition, any medical expenses incurred as a result of such injury or accident will be my personal responsibility.

\_\_\_\_\_  
Parent/Guardian Signature Date

I give my permission for photographs to be taken of me/my child to be used in publications, newspapers, television, websites or other visual media as related to the West Virginia Junior Nursing Academy and all collaborating agencies. I understand that the above videotapes/photographs become the property of the West Virginia Center for Nursing and/or the SPONSORING AGENCY and the videotapes/photographs may be used for news, education or other purposes related to the advancement of professional nursing in West Virginia.

\_\_\_\_\_  
Student Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

*In case of medical emergency, staff must be able to contact a parent/guardian or other emergency contact authorized to approve medical treatment for the student. Please provide current, accurate information and assure that you and/or a back-up contact are always available while the student is participating in Academy activities.*

\_\_\_\_\_  
Parent/Guardian Name (PRINT)

\_\_\_\_\_  
Back-up Contact Name (Print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Relationship to student

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

\_\_\_\_\_  
Home Phone Cell Phone Work Phone

**Please return application to:**  
**SPONSORING AGENCY CONTACT NAME/ADDRESS**

**For questions and concerns:**  
**SPONSORING AGENCY CONTACT PHONE NUMBER**

**Completed Application Must Be Returned by DATE (one week)**