**Southern West Virginia Junior Nursing Academy**

# Student Application

Rising eighth, ninth and tenth grade students in West Virginia who are interested in a nursing career will be considered for the Southern West Virginia Junior Nursing Academy. The Academy will be held on June 14 – 16, 2022,at WVU School of Nursing, Beckley WV. Excursions are planned to local hospitals and surrounding educational institutions. Transportation for excursions is provided by the Academy. **Only complete applications will be accepted. Applications must be received by April 15, 2022.**

**Application Requirements Include:**

* *You must have at least a 3.0* ***current overall grade average***
* *You must be a current middle or high school student who has just completed 7th, 8th or 9th grade and will be entering* ***8th, 9th or 10th grade in August 2022.***
* *You must submit a brief essay (1 page limit) that explains your personal interest in the nursing profession and why attending the Southern West Virginia Junior Nursing Academy is important to you.* ***Your essay must be submitted with this application. Essay should be either typed and double spaced, or written in a neat and legible handwriting.***

**I. STUDENT INFORMATION** *Please type or print all responses* *legibly in ink*

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Last Name First Name Middle Initial Nickname

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Birth Date (Month/Day/Year) Home Phone Cell Phone Email Address

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Street Address PO Box/Rural Route

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City State of West Virginia County Zip Code

**Scrub Size (Please circle one for top and one for pant): (Adult sizes)**

**See Sizing Chart Attached.**

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| **TOP** | **XXS** | **XS** | **S** | **M** | **L** | **XL** | **2X** | **3X** | **4X** | **5X** |
| **PANTS** | **XXS** | **XS** | **S** | **M** | **L** | **XL** | **2X** | **3X** | **4X** | **5X** |

**Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Medical Problems and/or Medications:**

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| **II.**  | **SCHOOL INFORMATION**  |

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Name of School Currently Attending Current Grade Completed in School

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School Address City State of West Virginia

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County Zip Code Phone (Including Area Code)

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Current overall grade average (Must be at least 80%)

## Completed Application Must Be Returned by April 15, 2022.

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

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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 3.0 GPA)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**School Counselor/Teacher Signature Date**

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| **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.

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**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 Southern 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 Southern 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 Southern West Virginia Junior Nursing Academy; in addition, any medical expenses incurred as a result of such injury or accident will be my personal responsibility.

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**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.*

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| *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  | *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  |
| 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:**  | **For questions and concerns:**  |
| Hillary Parcell, MSN RNAssistant Professor, Department ChairWest Virginia University School of Nursing410 Neville StreetBeckley, WV 25801  | 304-929-1321 (office)heparcell@mail.wvu.edu (email)  |

##  Completed Application Must Be Returned by April 15, 2022

Top Sizing Chart





Pant Sizing Chart

