Oglala Lakota College
Department of Nursing

Select which options best describe your educational progress:

- ☐ I am new/have applied to OLC; I am ready to begin my nursing prerequisites
- ☐ I have been working on my nursing prerequisites at OLC
- ☐ I have declared Nursing as my major
- ☐ I have not declared Nursing as my major
- ☐ This is my first time applying to the Nursing program
- ☐ I have applied to the Nursing program in the past
- ☐ My current GPA is at least 3.0
- ☐ My current GPA is below 3.0

Checklist of Requirements:

All application requirements MUST be complete for the application to be processed

- ☐ **DEADLINE MARCH 1ST** (*must be received by date, not postmarked)
- ☐ Application form-completed in full
- ☐ Minimum 3.0 GPA
- ☐ Non-refundable Application fee ($100) for entrance exam
- ☐ Essay
- ☐ Tribal Affiliation (if applicable)
- ☐ Official Transcripts
- ☐ (2) Reference Forms (must be mailed by individual completing form, not applicant)
- ☐ ***Application must be either hand delivered, faxed, or mailed to:***

Oglala Lakota College Department of Nursing
P.O. Box 861
Pine Ridge, SD 57770

Fax: (605)867-5724

Nursing Major Application Procedure

Application deadline is MARCH 1st (no exceptions)

Application Form- please fill out entire application (incomplete or late applications will not be processed)

Non-refundable Application fee ($100)

- ➢ This fee covers the cost of the required entrance exam
- ➢ The entrance exam (will be conducted after application is processed; students will be notified of testing date and time); students must meet cut score of 55

Two Reference Forms

- ➢ Please utilize the provided form
- ➢ The **Reference Forms shall not be completed by family/friends**
- ➢ It is recommended that employers, teachers, or mentors complete this form

Essay

- ➢ The essay will be scored based on inclusion of **Lakota values**, grammar, organization, clarity, and must be minimally 500 words
- ➢ Include the following Lakota values in your essay and related to nursing (each Lakota value is worth 1 point):
  - **Respect** (1 point)
  - **Wisdom** (1 point)
  - **Courage** (1 point)
  - **Generosity** (1 point)
- ➢ Answer the following questions (each worth 1 point):
  - **Why have you chosen nursing as a career?** (1 point)
  - **What do you hope to do with your nursing degree?** (1 point)
  - **Do you have experience in healthcare?** (1 point)

Tribal Affiliation

- ➢ Preference is given to students with tribal affiliation, but does not guarantee direct acceptance into the nursing program
- ➢ Please provide documentation of tribal affiliation

Transcripts

- ➢ Ensure Official high school transcripts or GED are on file with OLC
- ➢ Ensure Official college transcripts from all colleges/universities/post-secondary schools attended are on file **ONLY** if required prerequisite courses were taken outside of OLC

Interview

- ➢ All applicants will be notified of an interview date/time with nursing faculty

Oglala Lakota College

Department of Nursing

Application Form

PO Box 861, Pine Ridge, SD 57770
(605)-867-5856; Fax (605) 867-5724

Please type or use black ink to complete this application and return it to the Department of Nursing by **MARCH 1st**. Please include a check or money order for the non-refundable application fee.

☐ **Applying for the first time to OLC Dept of Nursing** ☐ **Reapplying**

Biographical Information

Legal Name _____
Last First Middle Maiden

Permanent Address _____
Street, or Box City State Zip

Phone (Home) _____**Other** _____**Email** _____

Birth Date _____ **Social Security Number** _____

Emergency Contact _____
Name Daytime Phone Number Relationship

Citizenship: USA Nonresident Alien Other (specify citizenship) _____

Tribal Enrollment: Oglala Lakota Enrollment # _____ Other (specify) _____

Veteran: No Yes Branch _____

Educational Background

High School Attended _____
School City State

Date of High School Graduation (MM/YY) _____/_____ or **GED** (MM/YY) _____/_____

College Preparatory Classes Taken in High School

Class	Credits	Grade

Post-Secondary Education

List ALL Colleges/Universities Attended (other than OLC):

School Name	**City**	**State**	**Dates Attended**	**GPA**
School Name	**City**	**State**	**Dates Attended**	**GPA**

Are you eligible to return to the institution(s) from which you are transferring? Yes No (If no, attach a letter of explanation)

Have you ever been dismissed from any college? No Yes If yes, when and for what reason? _____

Have you previously applied for admission to another nursing school? No Yes If yes, what college?_____
Were you admitted? Yes No

Additional Information

Have you ever been convicted of a crime other than a traffic violation? No Yes If yes, please explain:

Healthcare related job experience in the last 5 years:

Type of Work **Dates of Employment**

Honors or Awards Received:

Computer Skills- please circle all that apply:

E-mail Search Internet Word Processing Excel

Do you have any medical or psychiatric condition that requires accommodations No Yes If yes, please explain:

The following information is collected for Federal grant purposes. Your responses will in no way affect your admission. Please circle your responses.

Sex: Female Male Other

Disability: Audio-Visual Learning-Disabled Mobility –Ambulatory Mobility-Wheelchair

Marital Status: Married Unmarried

Ethnic Group: American Indian White African American Hispanic Asian Other Unknown

All of my responses on this application are accurate and true. I understand that any intentional misrepresentation may be cause for denial of admission. If admitted, I agree to observe the rules of the Oglala Lakota College, Department of Nursing and to pay all fees and charges assessed.

Signature of Applicant: _____ Date: _____

FOR OFFICE USE ONLY: Date Received: _____by: _____

Total Amount Paid: _____ Check Cash Money Order

Oglala Lakota College
Department of Nursing
Reference Form

Applicant: Before giving this form to your reference, please complete the information in this box.

Applicant Name: _____
(Please Print)

Under PL 90-247, Section 438, I voluntarily ☐ waive ☐ do not waive my right to examine the confidential reference below:

Signature:_____ **Date**:_____

- ☐ This reference form is *not* being completed by a relative or friend.
- ☐ This reference form is being completed by any of the following: employer, instructor, co-worker, clergy, mentor, or community leader

***The above-named applicant is applying for admission to the Nursing Program at Oglala Lakota College. Please complete this form and <u>return it directly</u> to the address below (or hand deliver) by March 1st- Do not return this form to the applicant, as the reference will be considered void.**

Oglala Lakota College Department of Nursing
P.O. Box 861, Pine Ridge, SD 57770

I have known this applicant for _____ years in the capacity of _____
Please rate the applicant in the following areas below:

	Excellent	**Good**	**Average**	**Below Average**	**Not Applicable**
Ability to work with people					
Leadership					
Personal initiative					
Growth potential					
Concern for others					
Motivation					
Integrity					
Reliability					
Reaction to feedback					
Communication skills					

In the section below, please comment on this individual's strengths and weaknesses, as well as addressing any reasons for rating them as above or below average in any area.

Would you recommend this applicant for admission to Oglala Lakota College, Department of Nursing

Yes _____ No _____ Hesitant _____

Comments:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature:_____Date:_____

Name (please print):_____

Occupation:_____

Address:_____

Phone Number:_____Email:_____

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_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature:_____Date:_____

Name (please print):_____

Occupation:_____

Address:_____

Phone Number:_____Email:_____

NURSING MAJOR LETTER OF COMMITMENT

As an accepted Oglala Lakota College Nursing Major, I will make a commitment to my academic success and myself:

- To **attend** class:
  - I understand the importance of attending classes regularly, being on time and staying until the end of class
  - I understand that I must attend the required class time specified by the college
- To **prepare** for class and study:
  - I will ensure that I am prepared with all study materials and study independently to prepare for each class as required for the class
  - I will complete all assignments on time, demonstrate organization, time management, a strong work ethic, and a willingness to learn
  - I also understand that my classes may require several hours of independent studying per week
- To be **successful**:
  - I will go to the instructor with any questions or concerns about the class to ensure my success in class, and will follow college policy
  - I will use other college resources, such a tutoring, library, and other learning resources to support my studies
  - I understand that plagiarism and cheating are unethical and will submit work that is properly documented and solely mine
  - I want to be proud of the work I do and the college credit I earn
- To be **positive**:
  - I understand that I will be in a college environment where the class rigor may challenge me: I will remain positive and understand that this is a necessary part of learning.
  - I commit to strive to embrace difficulty with optimism

I understand that I can only succeed through hard work and will take the initiative in my education. Because I want to succeed in this program, I will apply the above commitment as the support to my success. I understand that the ultimate responsibility for succeeding is in my control.

Name (print)_____Signature_____

Date _____