



St. John's Riverside Hospital  
967 North Broadway  
Yonkers, New York 10701  
[www.cochranschoolofnursing.us](http://www.cochranschoolofnursing.us)

Tel: 914-964-4296  
Fax: 914-964-4796

## Cochran School of Nursing

### Application for Admission

I am applying for: 20\_\_\_\_\_ Spring Day    Spring Evening    Fall Day    Fall Eve

#### Section I: Personal Information

1. Are you an LPN?     Yes     No
2. Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Maiden Name \_\_\_\_\_
3. Social Security #: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:    Male    Female
4. Address: \_\_\_\_\_
5. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
6. Home Phone(    ) \_\_\_\_\_ Cell Phone(    ) \_\_\_\_\_ Work Phone(    ) \_\_\_\_\_
7. E-mail address: \_\_\_\_\_
8. Ethnic Background (optional)

American Indian	Latino/Hispanic
Asian or Pacific Islander	White, Non- Latino/Hispanic
Black, Non Latino/ Non-Hispanic	Other _____
9. Are you a U.S. citizen?    Yes    No
10. If no, your Resident Alien#: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
11. Emergency Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_  
Relation to student \_\_\_\_\_

#### Section II: Educational Background/ History

1. How did you hear about Cochran? \_\_\_\_\_
2. Have you previously applied to Cochran? \_\_\_\_\_ If so, in what year? \_\_\_\_\_
3. Have you previously attended Cochran? \_\_\_\_\_ If so, in what year? \_\_\_\_\_

4. Your secondary education (please list all high schools you attended):

A. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended From: \_\_\_\_\_ to: \_\_\_\_\_ Graduation Year \_\_\_\_\_

B. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended From: \_\_\_\_\_ to: \_\_\_\_\_ Graduation Year \_\_\_\_\_

5. Post-Secondary education (please list all formal education beyond high school):

A. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended From: \_\_\_\_\_ to: \_\_\_\_\_ Graduation Year \_\_\_\_\_

B. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended From: \_\_\_\_\_ to: \_\_\_\_\_ Graduation Year \_\_\_\_\_

C. Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Attended From: \_\_\_\_\_ to: \_\_\_\_\_ Graduation Year \_\_\_\_\_

**Section III: Employment History/ Background**

1. Employment History (please list employers starting with most recent)

A. Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ (Dates) From \_\_\_\_\_ To \_\_\_\_\_

B. Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ (Dates) From \_\_\_\_\_ To \_\_\_\_\_

C. Employer \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Position \_\_\_\_\_ (Dates) From \_\_\_\_\_ To \_\_\_\_\_

**If you have ever been convicted of a misdemeanor or felony charge in any court, it is possible that your application for licensure as registered nurses will be delayed or denied.**

Enclose a non-refundable cashier's check or money order for \$35.00 made out to: **Cochran School of Nursing**

Return application and cashier's check/money order to:

Cochran School of Nursing,  
967 North Broadway  
Yonkers, New York 10701  
Attention: Admissions

I certify that I have not knowingly withheld or given false information on this application. I understand that withholding or giving false information may make me ineligible for admission or continued enrollment in the School.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please note that incomplete applications will be returned for missing items and will delay your application process.**

The Cochran School of Nursing does not discriminate on the basis of race, creed, color, national origin, sex, marital status, age, sexual orientation or citizenship.