



Oglala Lakota College  
Department of Nursing  
P.O. Box 861  
Pine Ridge, SD 57770  
Phone: (605)867-5856  
Fax: (605)867-5724



## Application for Admission

### Application Procedure:

Processing of an application will begin only when the application form, application fee, transcripts, letters of recommendation, and test data as required by the department are received in the nursing department. If an applicant fails to complete the application file by the last Friday of January deadline, for the proposed term, a new date of entry will need to be specified. Students will be selected only in the spring to begin the nursing program the following Fall semester, providing they have met all prerequisite requirements.

### Checklist

These documents must be submitted with the attached application.

- Complete, signed application form.
- \$48.00 application fee.** This fee is non-refundable, regardless of what action is taken on the application for admission.
- Official transcripts from all colleges, universities, vocational, or post-secondary schools Attended-**Transfer students only.** These transcripts must be sent directly from the institution to the Registrar's Office of Oglala Lakota College. Transcripts "Issued to Student" are unofficial. Official transcripts must be sent to: **Registrar, P.O. Box 490, Kyle, SD 57752.**
- Three letters of recommendation. These are required from the persons who are **not** friends or relatives, who are familiar with the applicants academic and/or employment record. Please have recommendations completed on the accompanying forms.
- Essay-APA format: Write an essay of a minimum of 500 words that incorporates the four Lakota values of: **Respect, Wisdom, Courage, Generosity.** Include these values in any way you can in your essay as you relate them to aspects of nursing. Answer the following questions: Why have you chosen the Nursing career? What type of nursing interests you? What people have influenced you? What do you hope to do with your nursing degree?
- Certificate of degree of Indian blood if applying to OLC for the first time.
- Official high school transcript or GED Certificate if it is not already on file at OLC.
- Applications and all related documents should be mailed to:

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

The number of students admitted for each semester will not exceed available faculty or clinical laboratory resources and will be determined prior to the convening of the Nursing Department Admission Committee.

Admissions Committee membership is comprised of Nursing Faculty/staff and outside members appointed by the Nursing Department Chair, and approved of by the V.P. for Instruction. Provisional selection of students and alternates for the Fall semester will be made pending the successful completion of Spring prerequisite courses. The applicant will be notified at the end of June, prior to Fall entry.

You will be asked to come in for an interview and will be scheduled for admission testing.

### **Selection Criteria:**

Students who have completed pre- requisites will be selected according to the following criteria:

1. G.P.A. of 2.8 or better
2. Tribal Enrollment priority as follows:
  - a. Enrolled members of the Oglala Sioux Tribe who are veterans
  - b. Enrolled members of the Oglala Sioux Tribe
  - c. Enrolled members of other Lakota Tribes who are veterans
  - d. Enrolled members of other Lakota Tribes (Rosebud Priority)
  - e. Other enrolled Tribal members
3. Reference letters and personal interviews that evaluate personal characteristics desired in health professionals and that are reflective of Lakota values including the following:
  - a. Ability to work with people
  - b. Potential for leadership
  - c. Personal initiative
  - d. Growth potential
  - e. Concern for others
  - f. Motivation
  - g. Integrity
  - h. Reliability
  - i. Communication skills
4. When in the judgement of the Nursing Department Admission Committee the program can accommodate additional students, non-Indian applicants who meet all other requirements will be selected according to the following criteria:

**Commitment to remain in the service area as evidenced by:**  
Living in the service area for more than 5 years thus demonstrating permanent residence. Having permanent family/relative ties in the community.



## DEPARTMENT OF NURSING OGLALA LAKOTA COLLEGE APPLICATION FORM

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

**Instructions:** Please type or use black ink to complete this application for admission, sign it, and return it to the Department of Nursing by the last Friday in January. Applying students should enclose a check or money order for the appropriate application fee per the application instructions.

Applying for the first time at OLC Dept of Nursing  Reapplying

### Biographical Information

Legal Name _____			
Last	First	Middle	Maiden
Permanent Address _____			
Street, or Box	City	State	Zip
Phone (Home) _____ - _____ - _____		Other _____ - _____ - _____ E-mail _____	
Birth Date _____			
Emergency Contact _____			
Name	Daytime Phone Number	Relationship	
Citizenship: <input type="checkbox"/> USA <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other (specify citizenship) _____			
Tribal Enrollment: <input type="checkbox"/> Oglala Lakota Enrollment # _____ <input type="checkbox"/> Other (please specify) _____			
Veteran: <input type="checkbox"/> No <input type="checkbox"/> Yes - Branch _____			

### Educational Background

High School Attended _____				
School	City	State		
Date of High School Graduation or GED (MM/YY) _____ / _____				
<b>College Preparatory Classes Taken in High School</b>				
Class	Credits	Grade		
<b>Post Secondary Education</b>				
List ALL Colleges/Universities Attended (other than OLC):				
School Name	City	State	Dates Attended	GPA
Are you eligible to return to the institution(s) from which you are transferring? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, attach a letter of Explanation).				
Have you ever been dismissed from any college? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and for what reason? _____				
Have you previously applied for admission to another nursing school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what college? _____				
Were you admitted? <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Additional Information**

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

Health related job experience in the last 5 years.  
 Type of Work \_\_\_\_\_ Dates of Employment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Honors or Awards Received:  
 \_\_\_\_\_  
 \_\_\_\_\_

Level of Computer Skills. Please circle all that apply:  
 E-mail                      Search Internet                      Word Processing                      Spread Sheets

Do you have any medical or psychiatric condition that requires follow up? YES NO If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

*The following information is used for institutional Federal Grant purposes. Your responses will in no way affect your admission. Please circle your answers.*

**Sex:** Male Female                      **Disability:** Audio Visual Learning Disabled Mobility –Ambulatory Mobility-Wheelchair

**Marital Status:** Married Unmarried **Ethnic Group:** Am. Indian Asian African- Am Hispanic White Other Unknown

All answers I have given on this application are accurate and true, and any intentional misrepresentation may be cause for revocation 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