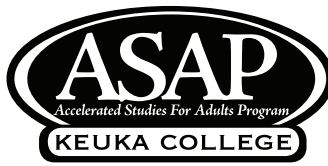


Undergraduate Admissions Check List

- Complete and return the application.
- Submit the non-refundable \$50 application fee.
- Complete and return the health and meningitis forms.
- Send the transcript request forms to all previous colleges or universities.
- Complete the FAFSA (*Free Application for Federal Student Assistance*) and submit it to the federal government (www.fafsa.ed.gov).
- Notify the bursar's office at (315) 279-5237 if you will be receiving tuition assistance from your employer.

Contact Information:

1 Keuka Business Park
Penn Yan, N.Y. 14527
Fax: (315) 279-5407
E-mail: adlearn@keuka.edu
www.keuka.edu/asap



APPLICATION FOR ADMISSION
BACHELOR OF SCIENCE

- ORGANIZATIONAL MANAGEMENT
NURSING FOR RNs
CRIMINAL JUSTICE SYSTEMS
SOCIAL WORK

Please complete the following application. Sign and date the application, and return it together with your non-refundable \$50 application fee. Please make your check payable to Keuka College. Request official transcripts of all colleges or universities you have attended using the enclosed Transcript Request Form(s).

Preferred location of study:

Applicant's Full Legal Name: Preferred Title: Mr. Mrs. Miss Ms.

Last First Middle Former Last Name (if any)

Preferred First Name:

If Married, Spouse's Legal Name: Last First Middle

Social Security Number: Date of Birth: Sex: M F Marital Status: Single Married Divorced Widow

Ethnicity (optional): American Indian or Alaskan Native White/Non-Hispanic Asian or Pacific Islander Hispanic Black/Non-Hispanic Non-resident alien High School Education: Diploma Earned GED

Country of Citizenship: Visa Type (If not U.S. citizen):

Are you a U.S. Veteran? No Yes Veteran Type: Veteran Benefit you are eligible to receive:

Permanent Address: Residential Street Address Apt. # City State Zip Code

Mailing Address, if different from address above: Street Address/P.O. Box # Apt. # City State Zip Code

(Over)

Employer:

Business/Organization Name

Complete Work Address: Street, City, State, Zip Code

Telephone Numbers:

Phone at Permanent Address, Including Area Code

Phone at Mailing Address, or Cellular Phone (please circle one)

Primary Contact Number at Work; and Extension Number

Additional Work Phone Number

E-Mail Address:

Home e-mail

Work e-mail

Educational Background:

Nursing: RN License # _____

High School Graduation or GED:

High School Name	City / State	Graduation Date

You must submit official transcripts from all colleges or universities previously attended. A form is enclosed to request transcripts. The Transcript Request Form may be duplicated, as needed.

List of Previous Colleges attended:

College / University Name	City / State	Dates Attended	Degree Earned

Please read carefully and sign below:

Will you grant the College permission to use your photograph and name in College literature, on the College Web site, and for public relations purposes? Yes No

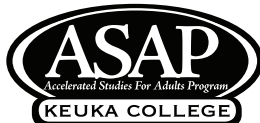
Have you ever been convicted of a crime (felony or misdemeanor) in any state or country (if yes, enclose a written explanation)? Yes No

Have you ever been dismissed from an institution of higher learning for academic reasons? Yes No

Have you ever been dismissed from an institution of higher learning for disciplinary reasons? Yes No

I hereby certify that this application for admission information is correct and complete. I further understand that falsification or failure to supply the correct information may lead to the disqualification of my application for admission to Keuka College. I agree to conduct myself according to the rules and regulations of the College as outlined in the Student Handbook.

Signature _____ Date _____



OFFICIAL TRANSCRIPT REQUEST FORM

Please send this form to each college or university you have previously attended. Do not return this form to Keuka College for processing. Write clearly. Duplicate this form if you attended more than one institution.

NOTE: Your previous college or university may charge you a fee for the transcript request. To avoid delays, please contact the college/university to inquire about the appropriate fee to enclose with this transcript request form.

Name: _____

Address: _____

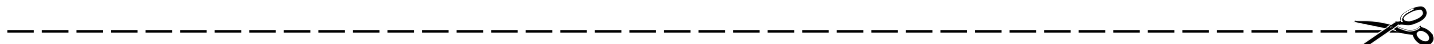
Name While Attending: _____

Social Security Number _____ Period of Time Attended: _____

By signing the bottom of this form, I authorize the release and mailing of my official transcript directly to Keuka College at the address below:

Center for Professional Studies
1 Keuka Business Park, Penn Yan, N.Y. 14527

Student's Signature: _____



OFFICIAL TRANSCRIPT REQUEST FORM

Please send this form to each college or university you have previously attended. Do not return this form to Keuka College for processing. Write clearly. Duplicate this form if you attended more than one institution.

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Name: _____

Address: _____

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Social Security Number _____ Period of Time Attended: _____

By signing the bottom of this form, I authorize the release and mailing of my official transcript directly to Keuka College at the address below:

Center for Professional Studies
1 Keuka Business Park, Penn Yan, N.Y. 14527

Student's Signature: _____



Dear Incoming ASAP, Graduate or Part-time Student:

Health Services and Counseling Services would like to welcome you to Keuka College. We hope that your college years will be healthy ones.

Enclosed is your health form. It is advised that all students entering Keuka College fill out their health form, submit it, and make sure it is cleared through Health Services **before** they attend their first class. **Due to New York State Immunization Law, and Keuka College policy, if a student's health form has not been cleared through Health Services within 30 days of first attending class, he or she will be automatically suspended from class and un-enrolled.** It is the student's responsibility to check with Health Services to make sure that his or her health form is completed and cleared.

Please send your health form to: Keuka College Health and Counseling Services, Harrington Hall, 141 Central Avenue, Keuka Park, N.Y. 14478. For questions concerning the services below or your health and counseling form, call (315) 279-5368, fax (315) 279-5359, or e-mail hbunn@keuka.edu.

Completing this form allows you to attend classes and to use Counseling Services. However, in order to receive care at Health Services, you must first fill out the long form, which includes your medical history, a more detailed immunization record, and a physical. The complete form may be obtained from Health Services or from the Keuka College website (www.keuka.edu under the "Student Life" tab).

Keuka College Health and Counseling Services is located on the first floor of Harrington Hall. There is an office manager from 9 a.m. - 4:30 p.m., Monday through Friday. To make an appointment, or for questions, call (315) 279-5368 (ext. 5368 if on campus).

Health Services staff includes a full-time director/nurse practitioner, a part-time registered nurse and a part-time physician. Appointments are recommended, since there are only specific times when health care professionals are available to evaluate a student's symptoms. Students who call or walk into Health Services for non-emergency reasons will be seen as soon as an appointment is available.

Health Services provides assessment, diagnosis, treatment, and referrals for acute health concerns such as upper respiratory infections, gastrointestinal distress, urinary infections, and muscle strains and sprains, etc. Other services include tuberculosis testing; tetanus/diphtheria, meningitis and hepatitis B immunizations; allergy injections; strep throat screening; and urine testing for infection. Physicals, clearance for sports, counseling for health-related conditions, and health education are also available. Students may be referred to a specialist if needs exceed what Health Services is able to provide on campus. Professional services are free. A small fee is charged for physicals, injections, medications, and loan of equipment when necessary. We invite you to go to the Keuka College website (www.keuka.edu/studentlife/Health_Counseling) to learn more about Health Services at Keuka College.

Counseling Services professionals offer confidential, personal and developmental counseling free of charge to any registered student. The staff also conducts educational outreach programming about a variety of issues affecting college students. We invite you to go to the Keuka College website (www.keuka.edu/studentlife/Health_Counseling/counsel.html) to learn more about Counseling Services at Keuka College.

Keuka College Student Health and Counseling Services

Harrington Hall, Keuka Park, N.Y. 14478

Phone: (315) 279-5368 Fax: (315) 279-5359

Name _____
Last Name First Name Middle

Address _____
Street City State Zip

Home phone: _____ Work phone: _____ Cell phone: _____

Date of Birth ____/____/____ Sex: ____M ____F

Have you previously attended Keuka College? ____Y ____N What year did you stop attending? 19____ / 20____

Has your name changed? If so, what name were you enrolled under? _____

Emergency Contact:

Name _____
Last Name First Name Middle

Address _____
Street City State Zip

Home phone: _____ Work Phone: _____ Relationship: _____

IMMUNIZATION RECORD: Immunization record to be filled out and signed by a health care provider not a parent. All students born on or after January 1, 1957 **must** include documented proof of immunity to measles, mumps, and rubella as required by New York State Public Health Law 2165. Immunization records may also be accepted from previous high schools, colleges, the military or other official sources. ***Students who are not compliant will be suspended from Keuka College 30 days after classes start and will be reinstated only when proper documentation has been received at Health and Counseling Services. A re-enrollment fee of \$250 will be added to your student bill. If the State reviews our files and finds that a student is not compliant, the College is fined. This fine of approximately \$2,000 is added to the student's bill.***

Disease	Vaccination Type #1	Vaccination Type #2	OR Serology	OR MD Diagnosis of Disease
Measles (Rubeola) - 2 doses or MMR				
Mumps - 1 dose		N/A		
German Measles (Rubella)		N/A		N/A

Health Provider Signature _____ Date ____/____/____

Printed Name _____ Phone: (____) _____ Fax: (____) _____

Address _____ City _____ State _____ Zip _____

Student: Please sign below. ASAP, part-time, and graduate students are required to complete the above short form in order to attend classes. However, to receive care at Health Services, a medical history and physical form must first be filled out. These forms may be obtained from Health and Counseling Services or at www.keuka.edu should the student wish to receive care on campus.

Student Signature

Date

Meningitis Response Form must also be complete.



Student Health Services

Meningitis on Campus

Know Your Risk - Learn About Vaccination

Certain college students are at increased risk for meningococcal disease, a potentially fatal bacterial infection commonly referred to as meningitis.

In fact, freshmen living in dorms are found to have a six-fold increased risk for the disease. A U.S. health advisory panel recommends that college students, particularly freshmen living in dorms, learn more about meningitis and vaccination.

- **What is meningococcal meningitis?**

Meningitis is rare. But when it strikes, this potentially fatal bacterial disease can lead to swelling of fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death.

- **How is it spread?**

Meningococcal meningitis is spread through the air via respiratory secretions or close contact with an infected person. This can include coughing, sneezing, kissing, or sharing items such as utensils, cigarettes and drinking glasses.

- **What are the symptoms?**

Symptoms of meningococcal meningitis often resemble the flu and can include high fever, severe headache, stiff neck, rash, nausea, vomiting, lethargy, and confusion.

- **Who is at risk?**

Certain college students, particularly freshmen who live in dormitories or residence halls, have an increased risk for meningococcal meningitis. Other undergraduates can also consider vaccination to reduce their risk for the disease.

- **Can meningitis be prevented?**

Yes. A safe and effective vaccine is available to protect against four of the five most common strains of the disease. The vaccine provides protection for approximately three to five years. As with any vaccine, vaccination against meningitis may not protect 100 percent of all susceptible individuals.

To learn more about meningitis and the vaccine, visit the websites of the Centers for Disease Control and Prevention (CDC), www.cdc.gov/ncidod/dbmd/diseaseinfo, and the American College Health Association, www.acha.org.

*(If you would like a copy of the above, please contact the
Center for Professional Studies at (315) 279-5406.)*

Keuka College Health Services
Meningitis Vaccination Response Form

New York State Public Health Law §2167 requires that the following form be completed and returned to: **Keuka College Health Services, Harrington Hall, Keuka Park, N.Y. 14478.**

Check one box and sign below.

I have:

had the meningococcal meningitis immunization (Menomune™) within the past 10 years.
Date received: _____

[Note: The vaccine's protection lasts for approximately three to five years. Revaccination may be considered within three to five years.]

read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that I will **not** obtain immunization against meningococcal meningitis disease.

Signed: _____

Date _____

Print student's name: _____

Student date of birth ____ / ____ / ____

Student e-mail address: _____

Student ID# _____

Student phone number (____) _____

Please note: Should you wish to receive the meningococcal meningitis immunization, it is available through Keuka College Student Health Services. Please call (315) 279-5368 to make an appointment.

2009-2010 Financial Aid Information

***Office of Financial Aid, Keuka College
(315) 279-5232, www.e-fao.com/keuka/finaid***

Complete the items below:

- Apply for a Federal PIN at www.pin.ed.gov (if you don't already have one). The PIN is used to sign your FAFSA electronically. Keep your PIN in a safe place—you will need this whenever you work on your FAFSA.
- Complete the 2009-2010 Free Application for Federal Student Aid (FAFSA) online at www.fafsa.ed.gov. To complete the FAFSA you will need:
 - Your social security number
 - Your 2008 Federal Tax Return (1040, 1040A, 1040EZ), record of any untaxed income (such as child support received, social security, or social services), value of savings and/or investment accounts.
 - Driver's license number
 - Keuka College's Federal School Code is 002744
 - If you are a dependent, you will also need the above information for your parents.

Once you submit your FAFSA, results are sent to you and Keuka College usually within a week from filing if your application is electronically signed with a PIN.

You may receive a letter from Keuka College requesting additional information if you are selected for verification. If you are selected for verification, you will be asked to submit copies of your 2008 tax and/or income information and other documents needed to complete this process.

- Apply for the New York state Tuition Assistance Program (TAP). If you file your FAFSA on the Web and provide an electronic signature with your PIN, you will automatically be linked to the TAP application on the Web. You can also access the Express TAP Application online at www.hesc.com. You will receive a notice indicating your potential New York state TAP award eligibility. New York state will determine your finalized TAP award based on current ASAP tuition charges and satisfactory completion of all TAP requirements as outlined in the Keuka College Record. Nursing students are not eligible for TAP assistance since the nursing program is classified as part-time by New York state.

Students who wish to be considered for financial aid should complete all financial aid paperwork at the time of application. Financial aid eligibility is reviewed upon acceptance into ASAP, provided all necessary paperwork has been submitted to the financial aid office. Students will be notified by mail once their aid eligibility has been determined.

Continued on next page.

2009-2010 Financial Aid Information

Additional information you need to know:

If you already have a 2009-2010 FAFSA application on file and Keuka College is not listed as an institution eligible to receive your data, you can either:

- Add Keuka College's federal code (002744) at www.fafsa.ed.gov, or
- Submit a signed copy of your Student Aid Report (SAR) to the Keuka College Office of Financial Aid.

If you already have a 2009-2010 TAP application on file and Keuka College is not listed as an institution eligible to receive your data, you can either:

- Contact New York State HESC to report the change at (888) 697-4372, or
- Submit your change via the New York state Web site at www.hesc.com

Students who are eligible to receive VA benefits should submit a copy of their DD-214 or NOBE to the financial aid office upon acceptance into ASAP.

Important Financial Aid Numbers:

Federal School Code 002744	Sallie Mae (888) 272-5543
NYS TAP Code Undergraduate: 0345 Graduate: 5034	Student Accounts/Billing (315) 279-5237
Federal Student Aid Processor (800) 433-3243	Veterans Benefits (800) 827-1000
NYS HESC (TAP) (888) 697-4372	IRS (800) 829-1040
	Selective Service (847) 688-6888

Scholarship Links *(Be sure to key the correct Web address)*

www.fastweb.com
www.collegeboard.org
www.collegeanswer.com
www.fastaid.com
www.collegenet.com
www.gocollege.com

www.veteransfund.org
www.americorps.org
www.scholarships.com
www.citizensbank.com
www.nextstudent.com

Other helpful links:
www.finaid.org
www.irs.gov
www.hesc.com
www.myfico.com
www.annualcreditreport.com
www.nsls.ed.gov
www.pin.ed.gov