2025 West Virginia Junior Nursing Academy Student Application

A COLLABORATIVE EFFORT SUPPORTED BY THE WEST VIRGINIA OFFICE OF NURSING EDUCATION AND WORKFORCE DEVELOPMENT

Purpose & Instructions:

Student in the 8th grade who are interested in nursing careers will be considered for the WV Junior Nursing Academy. The Academy will be held on June 17-19 at Bluefield State University in conjunction with WVU Medicine/Princeton Community Hospital and Princeton Rescue Squad. Only completed applications will be considered. All applications must be received by Friday, April 28, 2025

Admission Requirements:

In order to be considered for admission to the program, the applicant must have a 3.0 GPA and be a current middle school student in the 8th grade. Applicants must submit a brief 1-page essay that explains their personal interest in the nursing profession and why attending the academy is important.

Student Information:

First name Middle		ddle Initial	Las	st Name	Nickname
Birthdate	Home Phone #		Cell Phor	ne# em	ail address
Street address/P	О Вох	City	State	Zip Code	County
Scrub Size (pleas	e select on	e)			
XS	_SN	1L _	XL	XXL	_XXXL
Medical Problem	s we need	to he aware o	of:		

School Information:

Name of School Curre	ntly Attending	Current Grade/Class level in School		
School Address	City State	Zip	County	

Current Overall Grade Point Average

Emergency Contacts:

In case of medical emergency, staff must be able to contact a parent/guardian or other designated emergency contact authorized to approve medical treatment for the student. Please provide current and accurate information and assure that you and/or your back up contact are always available while the student is participating in the academy activities.

Primary Emergency	Contact Name	Relationship to student
Street Address, City,	, State, Zip Code	
Home Phone #	Cell Phone #	Work Phone #
Secondary Emergen	cy Contact Name	Relationship to student
Street Address, City,	, State, Zip Code	
Home Phone #	Cell Phone #	Work Phone #

School Counselor/Te	acher Certifica	ition:
School Counselor/Tea	acher Name	Title
Phone number		email address
I certify that	the student ap	oplicant has a current overall GPA of
Signature	Date	
Student and Parent C	Certifications:	
Student Certification	:	
essay and I am submitting information on this applicand /or the WV Junior No.	g it with this app cation may resulf urse Academy. If	this application is accurate, I certify that I wrote the lication. I understand that falsification of any t in my being disqualified from the application process I am selected for the Academy and choose to my rules and guidelines in all of the scheduled
Student Signature	Date	
Parent Certification:		
child to apply ad participal participates, I agree to surequested to the WV Jr N hereby agree that all participates that might occur thought	ate in the WV Jur Ipport them thro Iurse academy su ticipating entities participation in	It the information is accurate. I give permission for my nior Nurse Academy. If my child is accepted and tughout the program and will willingly respond as urveys regarding my child and their participation. It will not be held responsible for any injury or accident the Academy. In addition, any medical expenses ent will be my personal responsibility.
Parent Signature	Date	

Media Release:

I give my permission for photographs to be taken of me and/or my child to be used in publications, newspapers, television, websites, or other visual medial as related to the WV Junior Nurse Academy and all collaborating agencies. I understand that the above media will become property of the WV Office of Nursing Education and Workforce Development, Bluefield State University, WVU Medicine/Princeton Community Hospital and Princeton Rescue Squad and may be used for news, education, and other purposes to the advancement of professional nursing in West Virginia.

Student Signature	Date		
Parent Signature	Date		

COMPLETED APPLICATIONS MUST BY RETUREND BY: Friday, April 28, 2025

Submit application and Essay to:

Sandra Wynn, MSN, RN, APRN-BC WV Jr Nurse Academy Director Bluefield State University 219 Rock Street Bluefield WV 24701 *P:* 304-327-4213

E: swynn@bluiefieldstate.edu