



MERCYHURST

NORTH EAST

WOMEN WITH CHILDREN PROGRAM

16 West Division Street
North East, PA 16428

814-725-6100
866-846-6042

northeast.mercyhurst.edu

Application for Admission into the Program

Please print or type

What to do to be considered for the Women With Children Program at Mercyhurst University

Apply to the Program

Complete this application for admission to the program and submit it to the Director of the Women With Children Program. If you are a qualified applicant to the program, you will be invited to campus for an interview.

Apply to the University

Complete the application for full-time undergraduate admissions. Include all documents necessary to support your application, such as your high school or college transcript. Applicants must also complete a current year application for financial aid. Submit these documents to the Office of Admissions.

ABOUT YOU

TODAY'S DATE _____

Name *Last* *First* *Middle*

Address *Number* *Street*

City *County* *State* *Zip*

Telephone *Evening* *Day* *Cell*

Email Address

Semester and year for which you are applying ___ Fall ___ Spring Year _____

ABOUT YOUR CHILDREN *Please complete the lines below for all your dependent children*

Name *Age/Birthday* *Gender*

Name *Age/Birthday* *Gender*

Is there a current custody order in effect which sets forth the custody arrangement for each of the above referenced child(ren)? If so, please attach a copy of the order to the application.

If there is no custody order in effect which sets forth the custody arrangements for any of the above referenced children, please explain the current custody arrangement in the space provided below.

Is there currently a custody hearing scheduled for the future date, or a pending petition to modify the existing custody order? ___ Yes ___ No
If yes, please explain _____

BACKGROUND *Please attach extra pages as needed*

Do you have a driver's license? ___ Yes ___ No

Do you own a car? ___ Yes ___ No

Do you own a home? ___ Yes ___ No

Do you have Child Abuse Clearances ___ Yes ___ No

If no, you will have to obtain them to be admitted into the Women With Children Program. **ALL** visitors will be required to have clearances as well.

Have you ever been convicted of any crime other than a traffic violation? ___ Yes ___ No

If yes, please explain _____

Has any family member or a friend who may visit you at the housing provided by the WWC Program ever been convicted of a crime other than a traffic violation? ___ Yes ___ No

If yes, please explain _____



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Do any of your past life experiences or current circumstances compromise your success in education or employment?

Beyond making a better life for your child, what is your motivation for pursuing a college degree? _____

What opportunities and challenges do you anticipate living with your child in a campus environment? _____

Please tell us about your support system that you will utilize in managing the challenges of attending school and being a single parent. _____

Please list a few of your hobbies or interests. _____

Is there anything else you would like us to know about you and/or your children that would help us to serve you effectively?

EMPLOYMENT

Employment status: Unemployed Employed Part-time Employed Full-time

Employer's Name _____

Address *Number Street*

City *County State Zip*

Telephone *Evening Day*

Length of Employment *Years/months Hours Worked per Week*

REFERENCES

Please provide three letters of recommendation, one personal (e.g., friend, not a family member) and two professional (e.g. teacher, employer). In the letters, the writers must indicate for how long and in what capacity they have known you and why they think you would succeed in the Women With Children Program at MNE.

ESSAY

How would you describe yourself as a human being? What quality do you like best in yourself and what do you like least? Finally, write here about your goals for the future. Please attach extra pages as needed.



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SIGN HERE

My signature below indicates that all information in the application is correct and complete. I understand that falsification of any information may result in the disqualification of my application for enrollment into, or dismissal from the WWC Program. I further understand that I have an affirmative obligation to inform the WWC Program of any of the following information provided herein changes or become less than completely accurate while the consideration of this application for admission into the WWC Program is pending, or at any time while enrolled in the WWC Program. I acknowledge that a failure to comply with the affirmative obligation set forth in the immediately preceding sentence may result in the disqualification of my application for enrollment into, or dismissal from the WWC Program. A criminal background check may be completed before this application is accepted.

Signature

Date

Return this application to the Director of the Women With Children Program, Mercyhurst North East, 16 W Division Street, North East, PA 16428
