



## LPN-BSN Summer 2025 Application

Please check the boxes as you complete the following:

- Application form on pages 1 and 2
- Link to youtube video pasted onto page 3
- Current resume attached starting on page 4

Once complete, please email this entire document to  
[srapoza@columbiabasin.edu](mailto:srapoza@columbiabasin.edu)

Questions? Contact Sarah Rapoza at [srapoza@columbiabasin.edu](mailto:srapoza@columbiabasin.edu)

**Demographic Information**


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Last Name	First	Middle	CBC Student ID Number
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 Previous Name(s)

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Address	City	State	Zip
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Preferred Phone Number	Alternate Phone Number	E-mail Address
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 Employer (if applicable)

**Prior Education**
**High School:**


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Name of School	City	State	Graduation Date
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**G.E.D.:**

If high school equivalency was obtained through G.E.D., state where and when tests were taken.

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Location	Date
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**LPN Program:**


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Name of School	City	State	Graduation Date
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Did you earn a degree when you finished your LPN program? If yes, please specify: \_\_\_\_\_

**Other Colleges/Universities Attended:**

Name of College / University	Location (City/State)	Dates Attended	Program or Course of Study	Degree Earned

**Nurse Licensure**

Do you hold a Washington State LPN License: Yes No

If you answered yes, please provide the following: \_\_\_\_\_  
License Number Expiration Date

If you answered no, please indicate the state(s) in which you have LPN licensure:  
\_\_\_\_\_

Have you applied for LPN licensure in Washington State: Yes No

How many years have you been practicing as an LPN: \_\_\_\_\_

**Personal History and Experience**

1. Do you speak a second language other than English? (ASL certification also accepted)

a. If yes, please indicate which language: \_\_\_\_\_

b. Please indicate your level of fluency:

I can read, write, and speak the language

I can speak the language, but have limited or no ability to read/write

2. Do you have any formal/informal leadership experience within a school or organization? Yes No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you a first-generation college student? Yes No

4. Are you or have you ever been an active member of the U.S. armed forces? Yes No

If yes, were you granted honorable discharge? Yes No

5. Please use this space if there is anything specific you would like us to know about your academic history that is not covered in other parts of the application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is accurate and complete.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date



### **Instructions for your 2-3 minute video essay:**

1. Using recording software of your choice (i.e., Screencast-O-Matic, Panopto, Quicktime, etc), please record a 2-3 minute video of yourself answering the following question:

- What are some of your unique life experiences you believe will help you be a stronger, more competent registered nurse? What did you learn from those experiences? If you had the chance, is there anything you would have done differently or changed as you responded to those situations?

2. After you have recorded your video, upload it to youtube using the following instructions:

To upload a video to YouTube:

- Sign into YouTube or create an account.
- Click the Upload button at the top of the screen. (Create a video or post)
- Change the privacy settings to Unlisted.
- Select the video to be uploaded.

3. After the video is uploaded, copy and paste the video URL HERE:

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Copy/paste your resume starting at the top of this page. If the formatting is not copying correctly, please email a separate resume document to [srapoza@columbiabasin.edu](mailto:srapoza@columbiabasin.edu) when you submit your application.