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**Kirkhof College of RN-BSN Student Profile Form**

The student profile is your opportunity to share a concise list of your previous accomplishments with us.

**Instructions:** Please fill in the table **under any category that applies** to the experiences you wish to share with the admissions committee. List each experience in its own row. There is a limit of 50 words for each experience per category. Please use a bullet point format when completing the “skills” category along with a brief description. Please do not change the format of the form unless you need to add additional rows. Click the video link for help adding a row: <https://www.youtube.com/watch?v=JFUXHWjix8Q>

Save this document as a Word doc (.doc or .docx) and with the file name: Profile\_(last 5 digits of your G#). EX: Profile\_02241  
  
**G\*\*\* ­** (Please enter last 5 digits of your Gnumber)

**Work Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title** | **Organization and/or Location** | **Start Date/End Date** | **Describe the skills you acquired related to this experience (limit 50 words)** | **Describe the impact this experience had on you or the community (limit 50 words)** |
|  |  |  |  |  |

**Volunteer Experience or Community Service**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title/Name of Activity/Experience** | **Organization and/or Location** | **Start Date/End Date** | **Describe the skills you acquired related to this experience (limit 50 words)** | **Describe the impact this experience had on you or the community (limit 50 words)** |
|  |  |  |  |  |

**Leadership Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Title/Name of Activity/Experience** | **Organization and/or Location** | **Start Date/End Date** | **Describe the skills you acquired related to this experience (limit 50 words)** | **Describe the impact this experience had on you or the community (limit 50 words)** |
|  |  |  |  |  |

**Student and/or Community Organization Involvement**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Activity** | **Organization and/or Location** | **Start Date/End Date** | **Describe the skills you acquired related to this experience (limit 50 words)** | **Describe the impact this experience had on you or the community (limit 50 words)** |
|  |  |  |  |  |

**Travel (Within the U.S., International, Study Abroad, Travel Abroad, etc.)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Activity/Experience** | **Organization and/or Location** | **Start Date/End Date** | **Describe the skills you acquired related to this experience (limit 50 words)** | **Describe the impact this experience had on you or the community (limit 50 words)** |
|  |  |  |  |  |

**Healthcare Job Shadow Experience**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position Shadowed** | **Organization and/or Location** | **Start Date/End Date** | **Describe the skills you acquired related to this experience (limit 50 words)** | **Describe the impact this experience had on you or the community (limit 50 words)** |
|  |  |  |  |  |

**Certifications/Honors/Awards**

|  |  |  |  |
| --- | --- | --- | --- |
| **Certifications/Honors/ Awards** | **Organization and/or Location** | **Start Date/End Date** | **Brief Description (limit 50 words)** |
|  |  |  |  |

**Other Life Experiences (Is there something from your background that would help distinguish you from other candidates?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Activity/Experience (if applicable)** | **Organization and/or Location**  **(if applicable)** | **Start Date/End Date**  **(if applicable)** | **Describe the skills you acquired related to this experience (limit 50 words)** | **Describe the impact this experience had on you or the community (limit 50 words)** |
|  |  |  |  |  |

**Languages Spoken other than English (please identify if bilingual, fluent, working on a minor, etc.)**

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| --- |
| **Languages** |
|  |

**COVID-19 (discuss the specific ways COVID-19 has made an impact on your life)**

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| --- |
| **COVID-19 (limit 150 words)** |
|  |