

Supplemental Essay Questions

As part of our value for creating an inclusive and vibrant learning environment for all students, faculty, and staff, we are interested in knowing more about your understanding of diverse people and perspectives as part of this application review process. We ask that you review the following questions and respond to any that relate to your particular experience. These questions are optional and not all questions will apply to all candidates. Please feel free to complete only those portions that are relevant to your particular background.

First name: _____ **Last name:** _____

Email address: _____ **Phone number:** _____

Academic Program (check all that you are applying to this year):

Full or part time program of study

Undergraduate

3-year BS major in nursing – All campuses

BS for current registered nurses (RNBS)

Accelerated BS major in nursing (ABS)

Post AAS Community college transition student (OCNE)

Graduate degree

Accelerated BS to master/doctoral

Post-masters certificate

PhD in nursing

Masters of nursing

Graduate certificate

Master of Public Health

Doctor of Nursing Practice

Graduate specialty

Adult Gerontology CNS

Psychiatric Mental Health NP

Family Nurse Practitioner

Pediatric Nurse Practitioner

Nurse Midwifery

Nursing Education

Nurse Anesthesia

Public Health

Other

US Military History

Have you or are you currently serving in the U.S. military or are you a veteran of a foreign war? Yes No

Education History

Did either of your parents graduate from a 2- or 4-year college? Yes No

Did you graduate from a high school:

Where 30 percent or more of the enrolled students were eligible for free or reduced price lunches?

Where 30 percent or more of the students received SAT scores in the lowest quadrant?

Located in a city with a population of less than 10,000 or a county with a population of less than 25,000 at the time they graduated high school

no or none of the above

If yes, to any of these questions list high school zip code _____

Continued

Background

1. Have you or your family in the past or are you now receiving federal, state or community assistance (e.g., Temporary Assistance for Needy Families, TANF; Children's Health Insurance Program, CHIP; Medicaid; Federal Pell Grant; housing subsidy; food stamps)?

Yes No

If yes, please describe _____

2. In your estimation, do you believe you are from a disadvantaged background?

Please note that the definition of 'disadvantaged background' includes both economic and educational factors that are or were barriers to an individual's participation in a health professions program. Specifically, it refers to an individual who a) comes from an environment that has inhibited the individual from obtaining the knowledge, skills, and abilities required to enroll in and graduate from a health professions school, or from a program providing education or training in an allied health profession; or b) comes from a family with an annual income below a level based on low-income thresholds according to family size, published by the U.S. Bureau of the Census, and adjusted annually for changes in the Consumer Price Index.

Yes No

If yes, please describe _____

3. In your estimation do you now, or have you ever lived in a medically underserved community?

Please note that 'medically underserved community' refers to an urban or rural area or population groups that lacked or lacks adequate health care services. This question is aimed at ascertaining the environment in which you grew up or in which you currently live, as opposed to the setting in which you may work.

Yes No

Short Answer Essay Questions (limit each response to 350 words):

1. Please describe your personal experience with the following types of adversity if any: economic, educational, ethnic/cultural and family.

2. Would you identify yourself as being an underrepresented minority? Please explain. _____

3. Describe your cultural/ethnic experience _____

4. Would you identify yourself as being from a small town or an isolated rural area? Please explain. _____

5. How would you describe your current or previous experience with economic and educational adversity?
Please evaluate (none, slight, moderate, or severe) and explain.

6. What is your native language? _____

Including your native language, how many languages do you speak fluently and in what settings do you use your language skills?

Submitting your Supplemental Document

Save this document with your responses under a new title and then upload this completed document into your NCAS account. Upload this completed document into your NCAS. Once uploaded go to “Designations” on the home page of your Nursing CAS account, select “designated schools” then Oregon Health & Science University and ATTACH the supplemental applications as an additional document to your designated program by the appropriate application deadline.

Questions

Contact the Office of Admissions at the OHSU School of Nursing at proginfo@ohsu.edu with any additional questions.