

The Graduate Program in
**Orthopaedic Regulatory
& Clinical Affairs**

APPLICATION

(For the online application, go to www.grace.edu/applynow. No application fee if you apply online)



The OrthoWorx Center for Excellence in Orthopaedics at Grace College
ATTN: Allyn Decker · 200 Seminary Drive · Winona Lake, IN 46590
Toll-Free: 855.267.6722 · Fax : 574.372.5120
On the Web: www.grace.edu/orca

INSTRUCTIONS

After all four parts to your application have been completed and received in our enrollment office, your application will be reviewed by the Admissions Committee.

The following two parts are to be completed and submitted by the applicant to:

The OrthoWorx Center for Excellence in Orthopaedics at Grace College
ATTN: Allyn Decker
200 Seminary Drive
Winona Lake, Indiana 46590
855.267.6722
Fax: 574.372.5120

- Application
- Résumé

The following two parts are to be completed and/or requested and submitted by the appropriate persons or institutions:

- Personal Reference.** Complete the top portion of the form and forward it to a qualified individual (not a relative) who knows you well. It will be returned by your reference person directly to the ORCA Program Office.
- Transcripts.** All applicants must submit official transcripts from all post-secondary institutions which they have attended. The transcripts must come directly from the school and sent to the address above.

DISCRIMINATION POLICY

Grace admits students of any race, color, national and ethnic origin to the rights, privileges, programs, and activities generally accorded or made available to students at the school.

Grace does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

Grace is committed to compliance with Title IX of the Federal Education amendments of 1972, except as claimed in religious exemption.

Grace does not discriminate against qualified individuals with disabilities in the recruitment and admission of students, the recruitment and employment of faculty and staff, and the operation of any of its programs and activities as specified by applicable federal laws and regulations.

GENERAL INFORMATION

Date of Application _____ Anticipated Enrollment Year _____ This program begins in May.

Name _____
Last First Middle Maiden (if applicable)

Mailing Address _____
Street City State Zip Code

Home Phone _____ Work phone _____

Social Security Number _____ (required for financial aid) Citizenship: Permanent resident of U.S.? Yes No

Gender: Male Female

OPTIONAL (but helpful for office use)

Date of Birth _____ City and State of Birth _____

Employer _____ Job Title/Position _____

Ethnic/Racial Background: African-American/non-Hispanic American Native American Alaskan Native
 Asian/Pacific Islander Hispanic White/non-Hispanic Other

List any chronic illness or disability that would require special accomodations _____

EDUCATIONAL INFORMATION

Graduate Program for Orthopaedic Regulatory and Clinical Affairs

Have you previously attended Grace College? Yes No If yes, please list the dates attended _____

If yes, we will require your transcript from the Grace College registrar.

Other colleges/universities attended

Name	City	State	Dates Attended	Degrees received or hours attended

Do you wish to receive information about financial aid? Yes No

If yes, complete the Free Application for Federal Student Aid (FAFSA). Priority deadline is March 1; code for Grace College is 001800.

For financial aid information, contact the office of Financial Aid at 800.544.7223 ext. 6162.

By submitting this application you are agreeing to abide by the following Grace College School of Adult and Community Education Student Pledge while on our campus or engaged in Grace activities.

The Grace College School of Adult and Community Education Student Pledge

I agree to show respect for the faith commitment that Grace practices and agree to abide by certain of the institution's community guidelines while on campus or engaged in Grace activities (i.e. avoidance of disrespecting others, open displays of sexual behavior, illegal drugs, gambling, coarse or obscene language, tobacco, alcoholic beverages, and such conduct). I certify that all my answers on this application are complete and true to the best of my knowledge. Furthermore, I understand that falsifying any part of this application could result in a failure to be admitted or registered.

Signature _____ Date _____

Please submit a \$30 nonrefundable fee with this form. Make checks payable to Grace College. **There is no application fee if you apply online.**

Return this form to the address below:

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