



FOUNDATION

West Nebraska Blood Center Scholarship Application

Name: _____
(Last) (First) (Middle)

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Date of birth: _____

Social Security number: _____

High school from which you graduated: _____

Graduating class rank: _____ Graduation date: _____ GPA: _____

Are you presently enrolled in college? Yes/No

What college will you be attending? _____

What is your major? _____

Which laboratory medicine profession do you intend to pursue? _____

Undergraduate year: Freshmen _____ Sophomore _____ Junior _____ Senior _____

What is your current college GPA? _____ (unless applying for freshmen collegiate year)

Estimated cost of next academic year beginning _____ / _____ / _____

Tuition: _____ Fees: _____ Books: _____

Other (please explain): _____





FOUNDATION

CONSENT TO INTERVIEW, RECORD, FILM, OR PHOTOGRAPH

☐ I, hereby authorize the duly appointed representative of Regional West or designated agent to interview me and to take such recording, film, or photograph of me if awarded a scholarship on behalf of Regional West Foundation.

I understand the purpose of the use of my name, recording, film, or photographs. I further understand that I have the right to request the recording, film, or photography be stopped at any time while it is occurring, and that I have the right to rescind consent for the use up until a reasonable time before the media is used.

I agree to hold Regional West physicians, providers, employees, and agents free and harmless from any and all liabilities, costs, damages, or ill effects that might arise from the expansive use or publication of any use of my name, recording, film, photograph, or other information made in accordance with this Consent.

I understand this Consent shall be valid until informing Regional West in writing of my intent to revoke.

I understand that a recording, film, photograph, or information made pursuant to this Consent may not be protected by federal privacy rules if further disclosed.

I will not take or distribute video, recordings, or photographs of any Regional West employee, physician, or provider without their consent.

Printed Name of Subject or Legal Representative (if a minor)

Signature of Subject or Legal Representative

Date & Time

Relationship to Subject

Please attach a formal letter of application. The letter should include an explanation of your interest in the chosen laboratory medicine field, future career plans, and a brief account of your financial reasons for applying for this scholarship. Any other information which may be relevant to the selection process may also be included in the letter. **Application is due by May 30, 2025.**

I certify that the information on this application (and application letter) is complete and accurate. If selected, I intend to use this scholarship in the pursuit of a career in the field of laboratory medicine.

Signature/Date

