



FOUNDATION

University of Nebraska Medical Center (UNMC) Nursing Scholarship Application Form 'A'

Scholarship Due Date: May 30, 2025

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

High school from which you graduated: _____

Please check one for fall of current year:

First semester _____ Third semester _____

Yearly income/combined income if married: _____

Number of dependents: _____

Employment: _____

Cumulative GPA (minimum 3.0): _____

Plans after completing study: _____

Other scholarships awarded: _____





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List extracurricular activities: _____

Estimated education expenses:

Tuition _____ Books _____ Housing _____ Child care _____

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





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This form must be fully completed and returned by May 30 with an attached letter explaining why you are applying for this scholarship, and what your goals and aspirations are.

Return form and letter to:

Regional West Foundation

Mailing Address: 4021 Avenue B

Physical Address: St. Mary Plaza, 3701 Avenue D

Scottsbluff, NE 69361

