



FOUNDATION

## ***Legacy Scholarships Regional West Foundation Scholarship Application***

### **Purpose:**

To help students in the Regional West service area further careers in healthcare by providing scholarships for educational expenses.

### **Guidelines:**

Students eligible for Regional West Foundation Legacy scholarships of up to \$10,000 must be enrolled as full-time students in one of the designated programs:

- Associate degree in Nursing program at Western Nebraska Community College
- Bachelor of Science degree in Nursing at the University of Nebraska Medical Center College of Nursing-West Nebraska Division in Scottsbluff
- Regional West Medical Center School of Radiologic Technology (accepted and enrolled)

Applicants must be enrolled as a sophomore, second level, or higher; and have a current minimum 3.2 GPA. They must also have a desire to pursue employment in Regional West's service area.

Scholarship funds may be used to cover educational expenses, including tuition, books, and other fees. Funds are paid directly to the school.

Scholarships will be administered by Regional West Foundation without regard to race, color, national origin, religion, age, gender, or disability.

Regional West employees and their family members are eligible to apply for the scholarships. Family members and/or directors of the following boards: Regional West Health Services, Regional West Foundation, Regional West Medical Center, Regional West Physicians Clinic, and The Village are not eligible to apply.



Name: \_\_\_\_\_  
(First) (Middle) (Last)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**Education:**

High school from which you graduated: \_\_\_\_\_ Year of graduation: \_\_\_\_\_

Address of high school: \_\_\_\_\_

Educational institution now attending: \_\_\_\_\_

Indicate your college grade level: \_\_\_\_\_

Major/degree sought: \_\_\_\_\_

Brief summary of your career goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Employment History:**

Are you currently employed? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Average number of hours worked per week: \_\_\_\_\_

Other financial assistance: List financial assistance (scholarships, grants, awards, etc.) and/or tuition reimbursement from any other sources, including your college/university or any government entity, you anticipate receiving for the upcoming academic year. Do not list loans that you must repay.

1. Source: \_\_\_\_\_

Type of assistance: \_\_\_\_\_

Amount: \_\_\_\_\_

2. Source: \_\_\_\_\_

Type of assistance: \_\_\_\_\_

Amount: \_\_\_\_\_

3. Source: \_\_\_\_\_

Type of assistance: \_\_\_\_\_

Amount: \_\_\_\_\_

4. Source: \_\_\_\_\_

Type of assistance: \_\_\_\_\_

Amount: \_\_\_\_\_

**Estimate of Educational Expenses:**

Tuition: \_\_\_\_\_ Housing/Childcare/Other: \_\_\_\_\_

Books: \_\_\_\_\_ Total cost: \_\_\_\_\_

Current involvement: List current activities, contributions to the community, and/or volunteer activities in which you participate, as well as honors, recognitions, and/or significant personal achievements you have achieved. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attachments:** The following is a list of required attachments to be submitted with your application. Whenever possible, submit all attachments along with original application. If it is not possible to submit attachments with application, note below that it will be submitted under separate cover.

**Transcript:** Please submit your most recent college transcript.

**Submit one essay:** Submit a brief essay addressing the impact this scholarship would have in your educational/professional future, and any personal challenges you must overcome to achieve your goals.

**Submit three letters of recommendation:** Please ask three individuals who know you well to write a letter of recommendation. Appropriate individuals are: teachers, school officials, employers, advisors, community leaders, or others with whom you are well acquainted. Submit the three recommendation letters along with your application.

**Checklist of Enclosures:**

Application \_\_\_\_\_ Transcript \_\_\_\_\_ Essay \_\_\_\_\_ Letters of recommendations \_\_\_\_\_

**Interview:** The scholarship committee may contact you to arrange an interview.

**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 or provider without their consent.

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Printed name of subject or legal representative (if a minor)

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Signature of subject or legal representative \_\_\_\_\_ Date \_\_\_\_\_

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Relationship to subject

Please submit this application by **April 30, 2026**, along with all required attachments, to:

Regional West Foundation  
Mailing address: 4021 Avenue B, Scottsbluff, NE 69361  
Physical address: St. Mary Plaza, 3701 Avenue D, Scottsbluff, NE 69361  
Email address: [Foundation@rwhs.org](mailto:Foundation@rwhs.org)

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Applicant's name (print)

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Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_