



FOUNDATION

***Memorial and Honorary Scholarships
University of Nebraska Medical Center (UNMC)
Nursing Scholarship Application***

Purpose:

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

Guidelines:

Memorial and honorary scholarships are available to students pursuing a Bachelor of Science degree in Nursing at the University of Nebraska Medical Center College of Nursing-West Nebraska Division in Scottsbluff. The scholarships average \$1,000 each.

To receive the scholarship, recipients must:

- Maintain a 3.0 GPA
- Plan to remain in the western Nebraska/eastern Wyoming area while pursuing a career in the medical field
- Be registered as a full-time student

Scholarship funds are to be used for tuition and all 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.

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

Signature of subject or legal representative Date

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

Applicant's name (print)

Applicant's signature Date