



FOUNDATION

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

**Scholarship Due Date: June 1, 2022**

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 \_\_\_\_\_

This form must be fully completed and returned by June 1 with an attached letter explaining why you are applying for this scholarship, and what your goals and aspirations are.

**Return form and letter to:**

Jeanne McKerrigan  
Director of Development  
Regional West Foundation  
Mailing Address: 4021 Avenue B  
Physical Address: St. Mary Plaza, 3701 Avenue D  
Scottsbluff, NE 69361

