



FOUNDATION

Regional West Foundation Scholarship Application Form 'B'

Purpose:

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

Guidelines:

Students eligible for Regional West Foundation scholarships of up to \$10,000 must be enrolled as full-time students in a designated program 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.

Staff or family members of employees of Regional West are eligible to apply for scholarships. Family members of board members of Regional West Health Services, Regional West Foundation, Regional West Medical Center, Regional West Physicians Clinic, Regional West Hospice, Panhandle Health Properties, and The Village are not eligible to apply.

Personal Information:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone number: _____

Email address: _____





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Education:

High school from which you graduated: _____ Year of graduation: _____

Educational institution now attending: _____

Indicate your college grade level: Sophomore Second Level Other: _____

Major / degree sought: _____

Brief summary of career plans: _____

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.

Source: _____

Type of assistance: _____

Amount: _____

Estimate of Educational Expenses:

Tuition: _____ Other: _____

Books: _____ Total cost: _____

Current Involvement: List current activities, contributions to the community and/or volunteer activities in which you participate, honors, recognitions, and/or significant personal achievements you have achieved. _____





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Attachments: The following is a list of required attachments to be submitted along 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 nursing 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 and return it to you in a sealed envelope prior to the application deadline. Appropriate individuals are: teachers, school officials, employers, advisors, community leaders, or others who know you well. Submit the three recommendation letters in the sealed envelopes, along with your application. Please ask your references to type or to print their recommendation letter legibly.

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

Checklist of Enclosures:

Application _____ Transcript _____ Essay _____ Letters of recommendation _____

Please submit this application by **June 1, 2022**, along with all required attachments to the following:

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

Applicant's name (printed): _____

Applicant's signature

Date





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Regional West Foundation Agreement

WHEREAS, Regional West Foundation as elected to donate/gift to _____ (Recipient) for the purpose of a scholarship to be used to further his/her career in healthcare in the field of _____

NOW/THEREFORE based on the above premises and the mutual covenants hereinafter set forth, it is agreed between the Foundation and scholarship recipient as follows:

1. Recipient is a student pursuing a degree in healthcare at (name of school) _____ at a sophomore, second level, or higher, and has a cumulative grade point average of 3.2 at the time of application.
2. The recipient may re-apply annually as long as the student is enrolled in a designated program, but the scholarship is not automatic.
3. The scholarship is merit-based and applicants must show a financial need.
4. The Foundation’s Board of Directors appoints the scholarship selection committee from among its current board members.
5. Scholarship applicant must express a desire to pursue employment in the service area of Regional West Health Services.

Applicant’s name (printed): _____

Applicant’s signature

Date

