

West Nebraska Blood Center

SCHOLARSHIP APPLICATION

Application Deadline: **April 1**

Name First, Last, Middle		
Mailing Address Street City, State, ZIP		
Phone Number	Date of Birth	
Social Security Number		
High School Attended		
Ranking in Graduating Class	Date of Graduation	GPA
Are you presently enrolled in college? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What college will you be attending?		
What is your major?		
Which Laboratory Medicine profession do you intend to pursue?		
Undergraduate Year: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR		
What is your current college GPA? (unless applying for freshman collegiate year)		
Estimated cost of next academic year beginning (MM/DD/YYYY)		
Tuition	Fees	Books
Other (please explain)		

Please submit a formal letter of application. The letter should include an explanation of your interest in the chosen laboratory medicine field, future career plans, and a brief account of your financial reasons for applying for this scholarship. Any other information which may be relevant to the selection process may also be included in the letter.

By checking this box, I hereby certify the provided information is accurate to the best of my knowledge. I also certify that I will allow the Scholarship and Financial Aid Office at LCCC to release any information that is applicable to this application. If selected, I intend to use this scholarship in the pursuit of a career in the field of laboratory medicine.

Date

Formal Letter of Application

and mail to: Regional West Medical Center
West Nebraska Blood Center
Attn: Shelley Knutson RWMC
Two West 42ND Street
Scottsbluff, NE 69361