

WEST NEBRASKA BLOOD CENTER SCHOLARSHIP APPLICATION

Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone No.: _____ Date of Birth: _____

Social Security Number: _____

High School Attended: _____

Ranking In Graduating Class: _____ Date of Graduation: _____ GPA: _____

Are You Presently Enrolled in College? Yes / No

What college will you be attending? _____

What is your major? _____

Which Laboratory Medicine profession do you intend to pursue? _____

Undergraduate Year: FR __ SO __ JR __ SR __

What is your current college GPA? _____ (unless applying for freshman collegiate year)

Estimated cost of next academic year beginning ___/___/___

Tuition: _____ Fees: _____ Books: _____

Other (please explain): _____

PLEASE ATTACH 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. **Application Due: May 31, 2020**

I certify that the information on this application (and application letter) is complete and accurate. If selected, I intend to use this scholarship in the pursuit of a career in the field of laboratory medicine.

Signature/Date