**Oregon Trail Community Foundation**

**P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361**

 **NURSING SCHOLARSHIP CRITERIA**

***For graduates of Scottsbluff or Gering High Schools who will attend Western Nebraska Community College to pursue a degree to become a Registered Nurse in the State of Nebraska.***

One (1) $2000 ($1000 per semester) scholarship will be given annually to a senior who is a graduate of Scottsbluff or Gering High Schools and who will attend Western Nebraska Community College to pursue a degree to become a Registered Nurse in the State of Nebraska. The scholarship is for one year.

To qualify for the Nursing Scholarship, students must:

* Be a United States citizen
* Be a graduating senior of Scottsbluff or Gering High Schools
* Be accepted at Western Nebraska Community College
* Be enrolled in a minimum of twelve (12) semester hours
* Be majoring in nursing
* Have a minimum 3.0 cumulative GPA
* Have a minimum ACT score of 21

Deadline for application and supporting documents is April 1 at 5 p.m. Downloadable application forms are available online at [www.otcf.org](http://www.otcf.org), from the Oregon Trail Community Foundation office, or from the school’s guidance counselor’s office. For more information call (308) 635-3393.

Applicant must:

* Legibly complete and sign the application
* Attach three (3) letters of recommendation
* Attach a personal statement outlining their need and desire for the scholarship and signed by the student
* Attach a copy of their high school transcript and ACT test results

A winner and an alternate will be selected by the OTCF Scholarship Committee. The scholarship will be rescinded and awarded to the alternate if the recipient does not comply with all requirements. The scholarship will be paid directly to the school each semester, for credit to the student’s account.

*Rev 12-2014*

**Oregon Trail Community Foundation**

**P.O. Box 1344, 115 Railway Street, Scottsbluff, NE 69361**

**NURSING SCHOLARSHIP APPLICATION**

This scholarship offers financial assistance to a **Scottsbluff or Gering High School graduating senior** who will attend Western Nebraska Community College to pursue a Degree to become a Registered Nurse in the State of Nebraska. Please submit application and all supporting information to Oregon Trail Community Foundation in an organized, readable form. ***If it is not received by the April 1 deadline, the application will not be reviewed.*** Attach a copy of official ACT/SAT and high school transcript, and three reference letters.

**Applicant’s Full Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of High School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mother’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Father’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GPA \_\_\_\_\_\_\_\_ Class Rank \_\_\_\_\_\_\_\_ # of Students in Class \_\_\_\_\_\_\_\_ ACT Score \_\_\_\_\_\_\_ SAT Score \_\_\_\_\_\_\_

In what subject do you plan to major? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year of High School Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated Year of College Graduation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check if you have been awarded the following: \_\_\_Regent’s Scholarship \_\_\_ Other Full-Tuition Scholarships

Please list scholarships for which you have applied and indicate with an asterisk any you have been awarded and the amount of the award.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Attach a personal statement of why you are applying for this scholarship and why you have chosen this area of study. Describe your plans and goals as well as your need for financial assistance and any additional information you wish to provide about yourself.

Reference’s Name Relationship to Applicant Phone #

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE NOTE: Scholarship recipients MUST submit college transcripts within three weeks of each grading period in order to renew scholarship. Failure to send transcripts jeopardizes scholarship renewal. In addition, recipients must notify Oregon Trail Community Foundation of any change of address for the duration of the scholarship.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Rev 12-2014 For OTCF Use Only: Amount of scholarship awarded $\_\_\_\_\_\_\_\_\_\_\_\_.*