



UNMC Excellence Scholarship for a Northeast Nebraska Nursing Career

Application for Award (attach continuation page if necessary)

Date: _____

Name of nominee: _____

Contact information: phone number _____

e-mail _____

Evidence of Eligibility:

I. Residence in one of the counties of Northeast Nebraska:

City, County, and State of Residence

II. Degree and focus of study in nursing:

III. Career plans upon completion of the degree:

IV. Any other comments the committee should consider: