



Western Nebraska
Community College

Letter of Intent

I am applying to attend the _____ site
(Scottsbluff)

of the Associate Degree Nursing-Traditional Option in August of _____
(Year)

Print Name: _____

Signature: _____

Date: _____

NOTE: The Letter of Intent is only valid for the year indicated. If you are not accepted into the class, all application materials must be resubmitted to be considered for acceptance into the next class. It is the student's responsibility to maintain current application information.

Completed Application can be submitted by email to: lehmkuh7@wncc.edu

Completed Application can be submitted by email to: lehmkuh7@wncc.edu or mail to:

**Western Nebraska Community College
Attention: Nursing Department
2620 College Park, Scottsbluff NE 69361**

For questions please call the Health Sciences Division at 308-635-6060.