



## Letter of Intent

I am applying to attend the \_\_\_\_\_  
(Scottsbluff, Alliance, or Sidney)

site of the Practical Nursing Program 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** 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.