



FOUNDATION

James Massey, MD, FACS Surgical Tech Scholarship Application

Purpose:

To help students in the Regional West service area further their careers in healthcare by providing scholarships for educational expenses.

Guidelines:

Regional West Foundation will award James Massey Surgical Tech scholarships for \$1,500 each. Each scholarship will be paid as follows: \$750 for the fall semester and \$750 for the spring semester. Fall scholarship applications are available on March 1, 2026 and due April 30, 2026.

Eligible participants must be students enrolled in at least 11 or more credits in the Surgical Technology program at Western Nebraska Community College with a GPA of 3.0 or higher.

Scholarship funds may be used to cover educational expenses, including tuition, books, and other fees. Funds are paid directly to Western Nebraska Community College.

The scholarships will be administered by Regional West Foundation without regard to race, color, national origin, religion, age, gender, or disability.

Regional West employees and their family members are eligible to apply for the scholarships. Family members and/or directors of the following boards: Regional West Health Services, Regional West Foundation, Regional West Medical Center, Regional West Physicians Clinic, and The Village are not eligible to apply.

Submit scholarship applications to:

Regional West Foundation

Physical address: St. Mary Plaza, 3701 Avenue D, Scottsbluff, NE 69361

Mailing address: 4021 Avenue B, Scottsbluff, NE 69361

Email address: Foundation@rwhs.org

Scholarship contact:

Marcene Elwell, BSN, RN, CNOR, CST

Surgical Technology Program Director

Western Nebraska Community College

Email address: elwellm1@WNCC.EDU

Phone: 308-635-6361



Name: _____
(First) (Middle) (Last)

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Email address: _____

Education:

High school from which you graduated: _____

Address of high school: _____

Educational institution now attending: _____

Employment History:

Are you currently employed? _____ If yes, where? _____

Employment history: _____

Other Financial Assistance: List financial assistance (scholarships, grants, awards, etc.) and/or tuition reimbursement from any other sources, including your college/university or any government entity you anticipate receiving for the upcoming academic year. Do not list loans that you must repay.

1. Source: _____

Type of assistance: _____

Amount: _____

2. Source: _____

Type of assistance: _____

Amount: _____

3. Source: _____

Type of assistance: _____

Amount: _____

4. Source: _____

Type of assistance: _____

Amount: _____

Current Involvement: List current activities, contributions to the community, and/or volunteer activities in which you participate, as well as honors, recognition, or significant personal achievements you have achieved.

Consent To Interview, Record, Film, Or Photograph

____ I, hereby authorize the duly appointed representative of Regional West or designated agent to interview me and to take such recording, film, or photograph of me if awarded a scholarship on behalf of Regional West Foundation.

I understand the purpose of the use of my name, recording, film, or photographs. I further understand that I have the right to request the recording, film, or photography be stopped at any time while it is occurring, and that I have the right to rescind consent for the use up until a reasonable time before the media is used.

I agree to hold Regional West physicians, providers, employees, and agents free and harmless from any and all liabilities, costs, damages, or ill effects that might arise from the expansive use or publication of any use of my name, recording, film, photograph, or other information made in accordance with this Consent.

I understand this Consent shall be valid until informing Regional West in writing of my intent to revoke.

I understand that a recording, film, photograph, or information made pursuant to this Consent may not be protected by federal privacy rules if further disclosed.

I will not take or distribute video, recordings, or photographs of any Regional West employee or provider without their consent.

Printed name of subject or legal representative (if a minor)

Signature of subject or legal representative Date

Relationship to subject

Please submit this application by **April 30, 2026**, along with all required attachments, to:

Regional West Foundation
Mailing address: 4021 Avenue B, Scottsbluff, NE 69361
Physical address: St. Mary Plaza, 3701 Avenue D, Scottsbluff, NE 69361
Email address: Foundation@rwhs.org

Attachments: The following is a list of required attachments to be submitted with your application. Whenever possible, submit all attachments with the original application. If it is not possible to submit attachments with the application, note below that it will be submitted under separate cover.

The following must be enclosed with scholarship application:

1. Copies of Western Nebraska Community College transcripts
2. Brief essay addressing your career plans, the impact this scholarship would have in your education, your professional future, and your personal challenges
3. Two letters of recommendation

Applicant's name (printed): _____

Applicant's signature

Date

Regional West Foundation Agreement

WHEREAS, Regional West Foundation elects to donate/gift to

_____ (Recipient) for the purpose
of a scholarship to be used to further his/her career in healthcare in the field of

NOW/THEREFORE, based on the above premise and the mutual covenants hereinafter set forth, it is agreed between the Foundation and scholarship recipient as follows:

1. Recipient is a student pursuing a degree in healthcare at Western Nebraska Community College and has a cumulative grade point average of 3.0 or higher.
2. The scholarship is merit-based, and applicants must demonstrate a financial need.
3. The Foundation's board of directors appoints the scholarship selection committee from among its current board members.
4. Scholarship applicant must express a desire to pursue employment in the Regional West service area.

Applicant's name (printed) _____

Applicant's signature

Date