



FOUNDATION

James Massey, MD, FACS Surgical Scholarship Application

Purpose:

To help students in the service area of Regional West Health Services 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 April 1 and due May 1.

Eligible recipients must be enrolled as full-time students 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.

Staff or family members of employees of Regional West Health Services are eligible to apply for this scholarship. Family members of board members of Regional West Health Services and Regional West Foundation are not eligible to apply.

Submit scholarship applications to:

Regional West Foundation
Attn: Jeanne McKerrigan
Physical Address: St. Mary Plaza, 3701 Avenue D
Mailing Address: 4021 Avenue B
Scottsbluff, NE 69361

Contact for scholarships:

Marcene Elwell, BSN, RN, CNOR, CST
Surgical Technology Program Director
Western Nebraska Community College
elwellm1@WNCC.EDU
308-254-7431 (Sidney campus)
308-630-6541 (Scottsbluff campus)





FOUNDATION

Personal Information:

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone number: _____

Email address: _____

Education:

High school from which you graduated: _____

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.

Source: _____

Type of assistance: _____

Amount: _____





FOUNDATION

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

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 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





FOUNDATION

Regional West Foundation Agreement

WHEREAS, Regional West Foundation has elected 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 premises 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 service area of Regional West Health Services.

Applicant’s name (printed): _____

Applicant’s signature

Date

