JAMES MASSEY, MD
SURGICAL SCHOLARSHIP APPLICATION

Purpose:
To help students in the service area of Regional West Health Services further careers in healthcare by providing scholarships for educational expenses.

Guidelines:
Regional West Foundation will award James Massey Surgical Tech Scholarships for $1,500. The scholarship will be paid as follows: $750 for the fall semester and $750 will be paid for the spring semester. Fall scholarship applications are available June 15th and are due August 1st. Spring scholarship applications are available on November 1st, and are due on December 15th.

Eligible students must be enrolled as a full time student in the Surgical Tech Program at Western Nebraska Community College with a GPA of 3.0.

Scholarship funds may be used to cover educational expenses including tuition, books, and other fees, and 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.

Employees or family members of employees of Regional West Health Services are eligible and may 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: Julie Marshall
Two West 42nd Street Suite 1500
Scottsbluff, NE 69361
308.631.5920

Contact for Scholarship:
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)
Massey Surgical Tech Scholarship

Personal Information:

Name ____________________________________________________________

Address _____________________________________ City ________________________________

State, Zip ___________________________ Phone Number _____________________________

E-mail address: ___________________________________________________________

Education:

High School graduated from: _______________________________________________

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: ____________________________________________

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 along with your application. (Whenever possible, submit all attachments along with 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, professional future, and personal challenges
3. Two letters of recommendation

Please print name: ________________________________

_______________________________________________         __________________
Applicant’s Signature       Date
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 health care 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 health care at Western Nebraska
Community College and has a cumulative grade point average of 3.0.

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.

Please print name: __________________________________

Applicant’s Signature ________________________________       __________________
Date