



FOUNDATION

## ***James Massey, MD, FACS Surgical 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 April 1 and due May 30.

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 staff or employee family members are eligible to apply for this scholarship. Family members of Regional West and Regional West Foundation board members are not eligible to apply.

### **Submit scholarship applications to:**

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

### **Scholarship contact:**

Marcene Elwell, BSN, RN, CNOR, CST  
Surgical Technology Program Director  
Western Nebraska Community College  
elwellm1@WNCC.EDU  
308-635-6361





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**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: \_\_\_\_\_





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**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.

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**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, physician, or provider without their consent.

\_\_\_\_\_  
Printed Name of Subject or Legal Representative (if a minor)

\_\_\_\_\_  
Signature of Subject or Legal Representative

\_\_\_\_\_  
Date & Time

\_\_\_\_\_  
Relationship to Subject





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**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

**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 Regional West service area.

Applicant's name (printed): \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

