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Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury
Internal Revenue Service

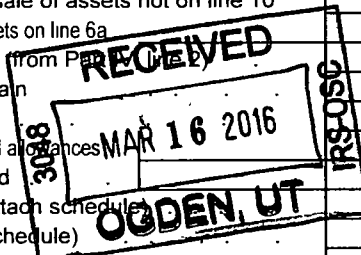
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Open to Public Inspection

For calendar year 2015 or tax year beginning , and ending

Name of foundation WEST EDUCATION FOUNDATION			Employer identification number 20-4763223	
Number and street (or P O box number if mail is not delivered to street address) 11808 MIRACLE HILLS DRIVE		Room/suite	B Telephone number (see instructions) (402) 963-1200	
City or town OMAHA	State NE	ZIP code 68154		
Foreign country name	Foreign province/state/county	Foreign postal code	C If exemption application is pending, check here <input type="checkbox"/>	
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change			D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ \$ 608,870		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		
			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	100,002			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	63	63		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part III)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	100,065	63	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)	16,287	8,143		
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	250	250		
	24 Total operating and administrative expenses. Add lines 13 through 23	16,537	8,393	0	0
	25 Contributions, gifts, grants paid	123,350			123,350
26 Total expenses and disbursements. Add lines 24 and 25	139,887	8,393	0	123,350	
27 Subtract line 26 from line 12					
a Excess of revenue over expenses and disbursements	-39,822				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		



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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	647,119	607,547	607,547
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ▶				
	Less accumulated depreciation (attach schedule) ▶				
15	Other assets (describe ▶ SECTION 195 ASSETS)	1,573	1,323	1,323	
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	648,692	608,870	608,870	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. ▶ <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds	648,692	608,870	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds				
30	Total net assets or fund balances (see instructions)	648,692	608,870		
31	Total liabilities and net assets/fund balances (see instructions)	648,692	608,870		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	648,692
2	Enter amount from Part I, line 27a	2	-39,822
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	608,870
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	608,870

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)	
1a					
b					
c					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any			
a					
b					
c					
d					
e					
2	Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	0
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ }		3	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2014	151,750	578,072	0.262511	
2013	171,400	547,636	0.312982	
2012	162,242	530,708	0.305709	
2011	174,738	469,234	0.372390	
2010	158,475	502,655	0.315276	
2	Total of line 1, column (d)		2	1.568868
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years		3	0.313774
4	Enter the net value of noncharitable-use assets for 2015 from Part X, line 5		4	615,834
5	Multiply line 4 by line 3		5	193,233
6	Enter 1% of net investment income (1% of Part I, line 27b)		6	0
7	Add lines 5 and 6		7	193,233
8	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions		8	123,350

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b			
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0	
3	Add lines 1 and 2		0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		0	
6	Credits/Payments			
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d	7	0	
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0	
11	Enter the amount of line 10 to be Credited to 2016 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	0	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> NE		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? <i>If "No," attach explanation</i>	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶	13	X	
14	The books are in care of ▶ JAN MADSEN Telephone no ▶ (402) 963-1200 Located at ▶ 11808 MIRACLE HILLS DRIVE OMAHA NE ZIP+4 ▶ 68154			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶	15		<input type="checkbox"/>
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶	16	Yes	No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	N/A
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b	X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? **5b** N/A

Organizations relying on a current notice regarding disaster assistance check here

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No

If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **6b** X

If "Yes" to 6b, file Form 8870

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? **7b** N/A

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
THOMAS BARKER 11808 MIRACLE HILLS DRIVE OMAHA, NE 68154	DIRECTOR 00	0		
JAN MADSEN 11808 MIRACLE HILLS DRIVE OMAHA, NE 68154	DIRECTOR .00	0		
NANCEE BERGER 11808 MIRACLE HILLS DRIVE OMAHA, NE 68154	DIRECTOR .00	0		

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc

	Expenses
1 SEE ATTACHED SUMMARY OF WEST CORPORATION EDUCATION SCHOLARSHIP PROGRAM DESIGNED TO ASSIST EMPLOYEE'S CHILDREN WHO PLAN TO CONTINUE EDUCATION IN COLLEGE OR VOCATIONAL SCHOOL	123,350
2 NUMBER OF APPLICATIONS - 54 NUMBER OF AWARDS - NEW- 13 NUMBER OF AWARDS - RENEWED - 57	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1	
2	
All other program-related investments See instructions	
3	
Total. Add lines 1 through 3	0

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	625,212
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	625,212
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	625,212
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	9,378
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	615,834
6	Minimum investment return. Enter 5% of line 5	6	30,792

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here and do not complete this part)

1	Minimum investment return from Part X, line 6	1	30,792
2a	Tax on investment income for 2015 from Part VI, line 5	2a	
b	Income tax for 2015 (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	30,792
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	30,792
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	30,792

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	123,350
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	123,350
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	123,350

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2013	(d) 2014
1 Distributable amount for 2015 from Part XI, line 7				30,792
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2015				
a From 2010 133,342				
b From 2011 151,276				
c From 2012 135,707				
d From 2013 144,018				
e From 2014 122,846				
f Total of lines 3a through e	687,189			
4 Qualifying distributions for 2015 from Part XII, line 4 \blacktriangleright \$ 123,350				
a Applied to 2014, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2015 distributable amount				30,792
e Remaining amount distributed out of corpus	92,558			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	779,747			
b Prior years' undistributed income. Subtract line 4b from line 2b		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)	133,342			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	646,405			
10 Analysis of line 9				
a Excess from 2011 151,276				
b Excess from 2012 135,707				
c Excess from 2013 144,018				
d Excess from 2014 122,846				
e Excess from 2015 92,558				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) **N/A**

1a	If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling				
b	Check box to indicate whether the foundation is a private operating foundation described in section				<input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed				
	Tax year	Prior 3 years		(e) Total	
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
b	85% of line 2a				0
c	Qualifying distributions from Part XII, line 4 for each year listed				0
d	Amounts included in line 2c not used directly for active conduct of exempt activities				0
e	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				0
3	Complete 3a, b, or c for the alternative test relied upon				
a	"Assets" alternative test—enter				
	(1) Value of all assets				0
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				0
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				0
c	"Support" alternative test—enter				
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				0
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				0
	(3) Largest amount of support from an exempt organization				0
	(4) Gross investment income				0

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:

- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).)

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

- a** The name, address, and telephone number or e-mail address of the person to whom applications should be addressed

WEST CORP SCHOLARSHIP PROGRAM ONE SCHOLARSHIP WAY PO BOX 297 SAINT PETER, MN 56082 (402) 963-1200

- b** The form in which applications should be submitted and information and materials they should include

SEE ATTACHED FORM

- c** Any submission deadlines

MARCH 15

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

DEPENDENT CHILDREN OF FULL TIME EMPLOYEE - SEE ATTACHED

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> SEE ATTACHED SCHEDULE ONE SCHOLARSHIP WAY SAINT PAUL, MN 56082			PROVIDE SCHOLARSHIPS TO CHILDREN OF WEST EMPLOYEES	123,350
Total				▶ 3a 123,350
b <i>Approved for future payment</i>				
Total				▶ 3b 0

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Name of the organization WEST EDUCATION FOUNDATION	Employer identification number 20-4763223
--	---

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals Complete Parts I, II, and III

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization WEST EDUCATION FOUNDATION	Employer identification number 20-4763223
--	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	West Corporation ----- 11808 Miracle Hills Drive ----- Omaha NE 68154 ----- Foreign State or Province: ----- Foreign Country -----	\$ 100,002	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions)

Name of organization WEST EDUCATION FOUNDATION	Employer identification number 20-4763223
--	---

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----
	----- ----- ----- -----	\$ -----	-----

Name of organization WEST EDUCATION FOUNDATION	Employer identification number 20-4763223
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions.) ▶ \$ _____ 0
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For Prov _____ Country _____			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For Prov _____ Country _____			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For Prov _____ Country _____			
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
For Prov _____ Country _____			

Part I, Line 16b (990-PF) - Accounting Fees

		0	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Scholarship Management Services	0			0
2	Bank Fees	0			0

Part I, Line 16c (990-PF) - Other Professional Fees

		16,287	8,143	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Bank Fees	2,777	1,388		0
2	Scholarship Management Fees	13,510	6,755		0

Part I, Line 18 (990-PF) - Taxes

		0	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Real estate tax not included in line 20	0			
2	Tax on investment income	0			
3	Income tax	0			

Part I, Line 23 (990-PF) - Other Expenses

		250	250	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	AMORTIZATION	250	250		

Part II, Line 15 (990-PF) - Other Assets

	Book Value Beg of Year	Book Value End of Year	FMV End of Year
1 SECTION 195 ASSETS	1,573	1,323	1,323

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1		11808 MIRACLE HILLS DRIVE	OMAHA	NE	68154		DIRECTOR	0 00	0		
2		11808 MIRACLE HILLS DRIVE	OMAHA	NE	68154		DIRECTOR	0 00	0		
3		11808 MIRACLE HILLS DRIVE	OMAHA	NE	68154		DIRECTOR	0 00	0		

Education's
purpose
is to replace an
empty mind with an
open one

Malcom Stevenson, Forbes

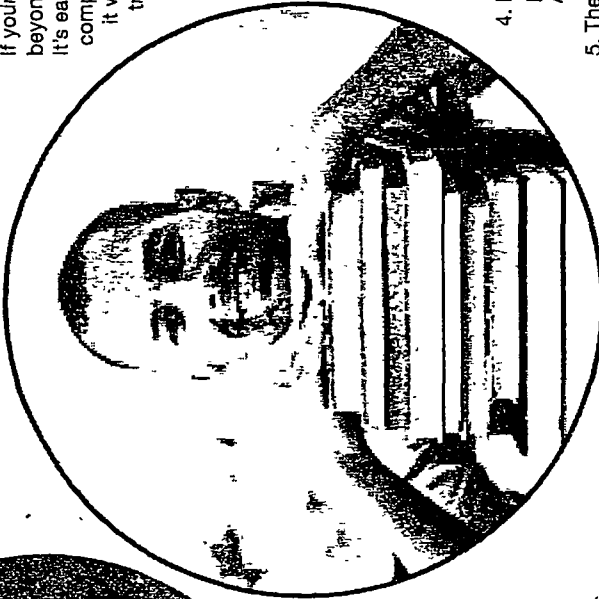
These days, most parents of college-bound students need more than a little help when it comes to paying for college. That's why West Corporation offers the West Scholarship Program — to help ease your financial burden!

If your child plans to continue his or her education beyond high school, you can't miss this opportunity. It's easy to apply for a West Scholarship. Simply complete a brief three-page application and mail it with your child's current, complete official transcript no later than March 15, 2014.

Important things to remember when applying...

1. Applicants must be the dependent children of West employees, planning to enroll full-time at an accredited institution for undergraduate study.
2. Awards range from \$1,000 - \$3,000 and can be renewed annually.
3. Recipients are chosen based on a combination of academic performance and financial need (limited financial information is required).
4. If you're selected to receive a scholarship award, payments will be made in equal installments on August 15, 2014 and December 30, 2014.
5. There is no future obligation to the West Education Foundation if you receive an award.

Take the time today to find out more about the West Scholarship Program. That way, you can better manage your education budget while helping your child achieve his or her dreams.



To apply for a West Corporation Scholarship, you must postmark your application by March 15, 2014.

To learn more and print a copy of the application, go to www.sms.scholarshipamerica.org/west. Or, request a Scholarship Packet by calling the West Employee Benefits Hotline at 800-662-9292 or emailing us at employeebenefits@west.com.



West Corporation Scholarship Program

THE PROGRAM

West Education Foundation has established a scholarship program to assist employees' children who plan to continue education in college or vocational school programs. Renewable scholarships are offered each year for full-time study at an accredited institution of the student's choice.

This scholarship program is administered by Scholarship Management Services[®], a division of Scholarship America[®]. Scholarship Management Services is the nation's largest designer and manager of scholarship and tuition reimbursement programs for corporations, foundations, associations and individuals. Awards are granted without regard to race, color, creed, religion, sexual orientation, gender, disability or national origin.

ELIGIBILITY

Applicants to the West Corporation Scholarship Program must be -

- Dependent* children, age 24 and under, of full-time United States West employees who work 30+ hours per week and who have a minimum of six months of employment with the company as of the application deadline date.

**Dependent children are defined as natural and legally adopted children or stepchildren living in the employee's household or primarily supported by the employee.*

- High school seniors or graduates who plan to enroll or students who are already enrolled in full-time undergraduate study at an accredited two-year or four-year college, university, or vocational-technical school for the entire upcoming academic year.

AWARDS

If selected as a recipient, the student will receive an award ranging from \$1,000 to \$3,000. Awards may be renewed for up to three additional years or until a bachelor's degree is earned, whichever occurs first. Renewal is contingent upon satisfactory academic performance in a full-time course of study and continuation of the program by West Education Foundation. Scholarship recipients eligible to renew their award will be sent a renewal form on December 30 along with their December payment. Renewal forms must be returned to Scholarship Management Services by postmark deadline date **February 1**.

Awards are for undergraduate study only.

APPLICATION

Interested students must complete the application and mail it along with a current, complete transcript of grades to Scholarship Management Services postmarked no later than **March 15**. Grade reports are not acceptable. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken. Applicants will receive acknowledgment of receipt of their application. If an acknowledgment card is not received within three weeks, applicants may call Scholarship Management Services to verify that the application has been received.

Applicants are responsible for gathering and submitting all necessary information. Instructions for completing the Financial Data section of the application are included. Applications are evaluated on the information supplied; therefore, answer all questions as completely as possible. Incomplete applications will not be evaluated. All information received is considered confidential and is reviewed only by Scholarship Management Services.

SELECTION OF RECIPIENTS

Scholarship recipients are selected on the basis of academic record, demonstrated leadership and participation in school and community activities, honors, work experience, statement of goals and aspirations, unusual personal or family circumstances, an outside appraisal, and financial need as calculated by Scholarship Management Services must be demonstrated for the student to receive an award.

Selection of recipients is made by Scholarship Management Services. In no instance does any officer or employee of West Corporation or West Education Foundation play a part in the selection. All applicants agree to accept the decision as final.

Applicants will be notified in early May. Not all applicants to the program will be selected as recipients. Students may reapply to the program each year they meet eligibility requirements.

PAYMENT OF SCHOLARSHIPS

Scholarship Management Services processes scholarship payments on behalf of West Education Foundation. Payments are made in equal installments on August 15 and December 30. Checks are mailed to each recipient's home address and are made payable to the school for the student.

OBLIGATIONS

Recipients have no obligation to West Education Foundation. They are, however, required to notify Scholarship Management Services of any changes in address, school enrollment, or other relevant information and to send a complete transcript when requested.

REVISIONS

West Education Foundation reserves the right to review the conditions and procedures of this scholarship program and to make changes at any time including termination of the program.

ADDITIONAL INFORMATION

Questions regarding the scholarship program should be addressed to:

West Corporation Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Telephone: (507) 931-1682

administered by

**Scholarship
Management
Services®**

A Division of Scholarship America

INSTRUCTIONS FOR COMPLETING THE FINANCIAL DATA SECTION OF THE APPLICATION

The Financial Data section of the application should be completed by the employee. Information should be from a completed tax return or based on estimated information to be filed with the IRS.

1. **State of Residence** is the state where the parents reside and pay state income tax.
2. **Adjusted Gross Income** can be found on IRS FORM 1040 and is gross income reduced by specific adjustments allowed by law.
3. **Total Federal Tax Paid** includes the total amount of **federal** income tax to be paid as reported on IRS FORM 1040. This is **not** the amount withheld from employee's paychecks. (The amount withheld should be adjusted by any refund or additional taxes due.) **Do not report state income tax.**
4. **Total Income** of parent(s) should be reported individually. Provide information for both natural parents, when possible. **If the student resides with only one parent**, financial information **must** be received from the employee or member of the company sponsoring the scholarship program **and** from the parent who claims the child as a dependent for tax purposes. If a parent has remarried, the spouse's information is required if the spouse is a legal guardian of the student, or claims the student as a dependent, or the student is included in the spouse's benefit plan. **If necessary, two Financial Data sections may be submitted by the student.** A copy of the Financial Data section may be made in order for one to be completed by each parent.
5. **Untaxed Income and Benefits** include any other income or benefits not included in the adjusted gross income figure. Do not include untaxed contributions to retirement plans.
6. **Medical and Dental Expenses** include only those expenses not paid by insurance. Do not include premium payments.
7. **Total Cash, Checking, Savings, Cash Value of Stocks, etc.**, include liquid assets that can be used for educational expenses. **Do not include** IRA, 401k, or other retirement plan funds.
8. **Total Number of Family Members** living in the household and primarily supported by the reported income may include:
 - the applicant
 - the applicant's parents
 - other children living in the household
 - dependent college students living away from home
 - other people who live in the household and receive more than half of their support from the reported income
9. **Marital Status** is the current status of the person from whom the financial information is submitted.
10. **Of the Total Number of Family Members on line 8, Number of Students Attending College** includes family members attending a two- or four-year college, university, or vocational-technical school at least half-time. Include the applicant in this number. Do not include parents.

NOTE: Any exceptions to providing financial information as instructed above must be submitted to Scholarship Management Services in writing.



West Corporation Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline March 15

FOR SCHOLARSHIP MANAGEMENT SERVICES USE ONLY

I D. #	AA	PD	RIC/CS	GPA	SATCR	SATM	SATW	ACTC	TOTAL

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____
 Permanent Home Mailing Address _____ Apartment # _____
 City _____ State _____ ZIP Code _____
 Phone (_____) _____ Date of Birth: Month _____ Day _____ Year _____
 Email Address _____

Please indicate your status (For statistical purposes only) Male Female

American Indian/Alaska Native Black/African American Multi-Racial White
 Asian Hispanic/Latino Native Hawaiian/Pacific Islander

EMPLOYEE PARENT

Last Name _____ First _____ Middle Initial _____
 PeopleSoft ID Number _____ Work Phone (_____) _____
GUARDIAN INFORMATION Date of Hire: Month _____ Day _____ Year _____ Email Address _____
 Job Title _____ Department _____
 Division/Subsidiary _____ City _____ State _____
 Relationship to Applicant _____ The applicant is a dependent of the employee Yes No

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____
 City _____ State _____ Phone (_____) _____

POST-SECONDARY SCHOOL DATA

Name of postsecondary school you plan to attend (If unknown, please list in order of preference the schools to which you have applied.)
 Use official school names. Do not use abbreviations.

_____ City _____ State _____
 _____ City _____ State _____

4 yr. College or University 2 yr. Community or Junior College
 Vocational-Technical School Other, explain _____

Year in school next year 1 2 3 4 5

Major or course of study _____ Expected college graduation date. Month _____ Year _____

Degree sought Bachelor Associate Certificate Other _____

Student will. live on campus live off campus commute from home

If school choice is a public institution, applicant will pay: in-state resident tuition out-of-state tuition

Sending a resumé does not replace any part of this application. If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format. DO NOT repeat information already reported on the application form. Your name, address and name of this scholarship program should be included on all attachments.

WORK EXPERIENCE Describe your work experience during the past four years (e.g., food server, babysitting, lawn mowing, office work) Indicate dates of employment for each job and approximate number of hours worked each week.

Employer/Position	From - Mo/Yr	To - Mo/Yr	Hours per Week	Were you paid for your work?
				YES / NO
				YES / NO
				YES / NO
				YES / NO

ACTIVITIES, AWARDS AND HONORS List all school activities in which you have participated during the past four years (e.g., student government, music, sports, etc.). List all community activities in which you have participated without pay during the past four years (e.g., Boy/Girl Scouts, hospital volunteer, Special Olympics). Note all special awards, honors and offices held. Indicate whether high school or college activities.

Activity	No of Years Partic	Special Awards, Honors	Offices Held	Activity	No of Years Partic	Special Awards, Honors	Offices Held

GOALS AND ASPIRATIONS Make a brief statement or summary of your plans as they relate to your educational and career objectives and long-term goals.

UNUSUAL CIRCUMSTANCES Please describe how and when any unusual family or personal circumstances have affected your achievement in school, work experience, or your participation in school and community activities

PARENTS' FINANCIAL DATA (REQUIRED) Instructions for this section are provided in the guidelines. The West Corporation employee must complete this portion of the application. Adjusted gross income and total federal income tax amounts should be from parents' most recently filed tax return. To be considered for an award, this section must be filled out completely.

- | | |
|--|---|
| <p>1. State of Residence</p> <p>2. Adjusted Gross Income (FORM 1040)</p> <p>3. Total Federal Tax Paid (FORM 1040)</p> <p>(Not the amount withheld from paychecks)</p> <p>4. Total Income of Father</p> <p>Total Income of Mother</p> <p>5. Yearly Untaxed Income and Benefits:
Please indicate source –
<input type="checkbox"/> Social Security <input type="checkbox"/> Child Support
<input type="checkbox"/> Other</p> | <p>6. Medical and Dental Expenses not paid by insurance (exclude premiums)</p> <p>7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$</p> <p>8. Total number of family members living in the household and primarily supported by the reported income</p> <p>9. Marital status of employee parent or guardian:
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single</p> <p>10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) . #</p> |
|--|---|

OTHER AWARDS Please list the name and annual amount of any grants or scholarships you have been awarded for the coming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

APPLICANT APPRAISAL (REQUIRED)

To the Applicant: This section is required and must be completed in the format provided. If incomplete, your application will not be evaluated. The section is to be completed by a high school or college counselor or advisor, an instructor, or a work supervisor who knows you well.

To the Adult Appraiser: You have been asked to provide information in support of this application. Please give immediate and serious attention to the following statements. When complete, please return to applicant. If you prefer, photocopy this section and return to applicant in a sealed envelope. A letter of recommendation does not replace this section.

The applicant's choice of a postsecondary educational program is	<input type="checkbox"/> extremely appropriate	<input type="checkbox"/> very appropriate	<input type="checkbox"/> moderately appropriate	<input type="checkbox"/> inappropriate
The applicant's achievements reflect his/her ability	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant demonstrates good problem-solving skills, follows through, and completes tasks	<input type="checkbox"/> extremely well	<input type="checkbox"/> very well	<input type="checkbox"/> moderately well	<input type="checkbox"/> not well
The applicant's respect for self and others is	<input type="checkbox"/> excellent	<input type="checkbox"/> good	<input type="checkbox"/> fair	<input type="checkbox"/> poor

Comments _____

Appraiser's Name _____ Title _____ Phone (_____) _____

Signature _____ Organization _____ Date _____

TRANSCRIPT INFORMATION

A complete transcript of grades must be sent with this application. Grade reports are not acceptable.

1. Students currently or previously enrolled in college or vocational-technical school must include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken (Completion of high school information below is not necessary.)
2. High school seniors and students who have completed less than one full quarter or semester of postsecondary education must include a high school transcript of grades and have this section completed by the appropriate school official (A clear explanation of the high school's grading scale must also be submitted.)

Applicant ranks _____ in a class of _____	Cumulative Grade Point Average		SAT			ACT				
	Weighted _____ /4.0 scale		Critical Reading	Math	Writing	English	Math	Reading	Science	Composite
	Unweighted _____ /4.0 scale									

School Official's Signature _____ Date _____ Title _____ Phone (_____) _____

School Official's Address: Street _____ City _____ State _____ ZIP Code _____

APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application with completed Applicant Appraisal
- Current Complete Transcript(s) of Grades (including grading scale)

All materials, including transcript, must be addressed to:

West Corporation Scholarship Program
Scholarship Management Services
One Scholarship Way
Saint Peter, MN 56082

Postmark deadline March 15

CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades and a copy of my U.S. Income Tax Return. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Employee's Signature _____ Date _____

2015 West Corporation Scholarship Program

RECIPIENT REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2015	Anderson, Molly L. 20 7913 Edinburgh Court Columbus, GA 31909 706-604-5171	Anderson, Reed A. Valley AL	University of North Carolina at Chapel Hill, NC Chapel Hill, NC Statistics Yr: C1 Grad: 05/2019	\$1,900.00
2015	Britt, Caleb M. 18 50 Caledon Way Newnan, GA 30263 470-232-6680	Britt, LaTrennea A. Newnan GA	Shorter University Rome, GA Communication Arts Yr: C3 Grad: 05/2017	\$2,600.00
2015	Chouinard, Taylor C. 49 1938 Red Cloud Road Longmont, CO 80504 970-492-5817	Chouinard, Terri M. Longmont CO	University of Colorado Boulder Boulder, CO Physics Yr: C1 Grad: 05/2019	\$1,900.00
2015	Kairamkonda, Geya 13 2309 Watersong Circle Longmont, CO 80504 720-261-8350	Kairamkonda, Srinivas Longmont CO	University of Colorado Boulder Boulder, CO Mechanical Engineering Yr: C1 Grad: 05/2019	\$1,000.00
2015	Kalfs, Macy L. 11 724 North Griffin Street Lakefield, MN 56150 507-662-6445	Kalfs, Lisa M. Jackson MN	University of Minnesota Rochester, MN Health Sciences Yr: C1 Grad: 05/2019	\$1,400.00
2015	Kazeze, Emma Carolyn M. 32 605 7th Street West Des Moines, IA 50265 515-779-2617	Watson, Teri E. Des Moines IA	University of Oklahoma Norman, OK Meteorology Yr: C1 Grad: 05/2019	\$3,000.00
2015	LeMahieu, Carrie A. 44 107 1609 N Thompson Drive Madison, WI 53704 608-669-0678	LeMahieu, David D. Middleton WI	Madison Area Technical College Madison, WI Nursing Yr: C2 Grad: 05/2016	\$3,000.00
2015	Redmond, Hannah A. 31 430 1st Street Windom, MN 56101 507-822-0631	Schmit, L Jackson MN	Southwest Minnesota State University Marshall, MN Social Work Yr: C1 Grad: 05/2019	\$3,000.00
2015	Rosen, Esther J. 39 28 Garnet Circle Conshohocken, PA 19428 610-772-6707	Rosen, Helene A. Plymouth Meeting PA	University of Vermont Burlington, VT English Yr: C1 Grad: 05/2019	\$3,000.00

2015 West Corporation Scholarship Program

RECIPIENT REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2015	Schwartz, Chloe R. 24 1808 Madison Street Bellevue, NE 68005 402-291-7362	Schwartz, Stephen R. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Chemical Engineering Yr: C1 Grad: 05/2019	Schl: \$2,400.00
2015	Sherwin, Diane M. 22 22036 185th Street Council Bluffs, IA 51503 712-325-6980	Sherwin, David J. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Forensic Science Yr: C1 Grad: 05/2019	Schl: \$2,800.00
2015	Tobin, Justin M. 15 4137 E Ashurst Phoenix, AZ 85048 480-299-2094	Tobin, Brian L. Longmont CO	Arizona State University Tempe, AZ Secondary Education Yr: C3 Grad: 05/2017	Schl: \$1,000.00
2015	White, Peyton E. 35 5000 Old West Point Road LaGrange, GA 30240 706-523-0611	White, Tonya J. West Point GA	University of Georgia Athens, GA Forestry/Wildlife Managem Yr: C1 Grad: 05/2019	Schl: \$3,000.00

Scholarship Summary

2015	13	\$30,000
2014	25	\$45,800
2013	22	43,100
2012	9	21,400
2011	1	1,800
		<u>142,100</u>
		<18,750>
		<u>123,350</u>

Forfeited Scholarships

Number of Applicants: 53
Number of Recipients: 13

Total Scholarships: 13 Awards \$30,000.00 Awarded

2015 West Corporation Scholarship Program

RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2014	Bowers, Brittany N. 63 650 Lewis Street Bourbonnais, IL 60914 815-922-1404	Bowers, Angela M. Tinley Park IL	University of Illinois at Urbana-Champ Champaign, IL Biomedical Engineering Yr: C2 Grad: 05/2018	\$2,700.00
2014	Brendemihl, Hannah J. 78 618 Wadas Court Johnstown, CO 80534 970-227-6944	Brendemihl-Brown, Jennifer A. Longmont CO	University of Colorado Colorado Spring Colorado Springs, CO Psychology Yr: C2 Grad: 05/2018	\$2,200.00
2014	Coffman, Michael J. 72 403 Ashford Circle LaGrange, GA 30240 706-882-6351	Coffman, Yolanda M. West Point GA	Georgia Institute of Technology Atlanta, GA Business Administration Yr: C2 Grad: 05/2018	\$1,200.00
2014	Curran, Hayley C. 52 4501 Corner Road Alexandria, OH 43001 614-565-4712	Curran, James F. Columbus OH	Ohio State University: Columbus Campus Columbus, OH Health Sciences Yr: C2 Grad: 05/2018	\$1,000.00
2014	Foster, Shawn C. 24 5543 Bevis Road Franklin, GA 30217 706-402-8287	Murphy, Terry L. West Point GA	University of Georgia Athens, GA Cognitive Science and Lin Yr: C2 Grad: 05/2018	\$3,000.00
2014	Hoag, Alaura S. 14 482 Verdant Circle Longmont, CO 80504 303-772-7010	Hoag, Ruthann C. Longmont CO	Colorado State University Fort Collins, CO Neuroscience Yr: C2 Grad: 05/2018	\$2,700.00
2014	Hopkins, Jenna N. 103 11810 Sanbury Lane Midlothian, VA 23114 804-794-2183	Hopkins, Carrie P. Omaha NE	Virginia Commonwealth University Richmond, VA Pre-Nursing Yr: C2 Grad: 05/2018	\$1,500.00
2014	Johnson, Madison C. 18 250 S. Willow Street Kimberly, WI 54136 920-423-3512	Johnson, Kenneth B. Appleton WI	University of Wisconsin-Madison Madison, WI International Business Yr: C2 Grad: 05/2018	\$2,600.00
2014	Klister, Eric J. 33 420 Longwood Lane Wrightstown, WI 54180 920-373-7866	Klister, Paul F. Appleton WI	University of Wisconsin-La Crosse La Crosse, WI Mathematics Yr: C2 Grad: 05/2018	\$2,400.00

2015 West Corporation Scholarship Program

RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2014	McGaughey, Shalyn R. 22 630 Render Garrett Road Greenville, GA 30222 706-672-9111	McGaughey, Michelle L. West Point GA	University of North Georgia Dahlonega, GA Criminal Justice Yr: C2 Grad: 05/2019	Schl: \$1,400.00
2014	Navis, Connor M. 82 1219 Lynrosé Lane Neenah, WI 54956 920-722-6907	Navis, Diana E. Appleton WI	University of Minnesota: Twin Cities Minneapolis, MN Biochemistry Yr: C2 Grad: 05/2018	Schl: \$1,200.00
2014	Nobbe, Bridgette J. 79 W6846 Willowglen Way Appleton, WI 54915 920-832-8539	Nobbe, Laura J. Appleton WI	Northern Michigan University Marquette, MI Nursing Yr: C2 Grad: 05/2018	Schl: \$2,200.00
2014	Nowfel, Alexander C. 84 34700 Weatherly Place Round Hill, VA 20141 571-271-3019	Nowfel, Charles F. Manassas VA	Virginia Polytechnic Institute and Sta Blacksburg, VA Engineering Yr: C2 Grad: 06/2018	Schl: \$1,200.00
2014	Price, Taylor N. 108 1917 Southridge Lane Sherman, TX 75092 903-815-5492	Price-Mayo, Michele R. Sherman TX	University of Arkansas Fayetteville, AR Business Yr: C2 Grad: 05/2018	Schl: \$3,000.00
2014	Randolph, Crystal S. 56 2355 Caddy Shack Lane Pensacola, FL 32526 850-602-7309	Randolph, Michael A. Pensacola FL	Florida Agricultural and Mechanical Un Tallahassee, FL Nursing Yr: C2 Grad: 05/2018	Schl: \$1,200.00
2014	Schlecht, Sam M. 66 17018 T Street Omaha, NE 68135 402-896-1533	Schlecht, Kellie K. Omaha NE	University of Nebraska - Omaha Omaha, NE Architectural Engineering Yr: C4 Grad: 04/2017	Schl: \$1,500.00
2014	Shaw, Hannah L. 62 2048 N. 53rd Street Omaha, NE 68104 402-558-3136	Shaw, Richard H. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Elementary Education Yr: C2 Grad: 05/2018	Schl: \$1,700.00
2014	Simon, Trenton J. 88 12515 E. Pretty Prairie Road Mount Hope, KS 67108 316-444-2500	Simon, Sandra C. Wichita KS	Kansas State University Manhattan, KS Finance Yr: C2 Grad: 05/2018	Schl: \$1,500.00

2015 West Corporation Scholarship Program

RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2014	Swift, Samantha K. 38 1020 White Street Jackson, MN 56143 507-380-8114	Swift, Renee M. Jackson MN	Iowa State University Ames, IA Biology Yr: C2 Grad: 05/2018	Schl: \$1,600.00
2014	Thomas, Ashlyn R. 91 11112 Madison Street Omaha, NE 68137 402-339-5311	Thomas, Eric A. Omaha NE	Nebraska Wesleyan University Lincoln, NE Criminal Justice Yr: C2 Grad: 05/2018	Schl: \$2,300.00
2014	Urban, Breann A. 59 4703 Glasgow Avenue Omaha, NE 68157 402-315-8514	Reestman, Heather A. Omaha NE	Wayne State College Wayne, NE Human Services Yr: C2 Grad: 05/2018	Schl: \$1,000.00
2014	Vollenweider, Catherine E. 43 2013 Castlemaine Circle Woodstock, GA 30189 678-773-7307	Vollenweider, William C. Atlanta GA	University of North Georgia Dahlonega, GA Nursing Yr: C3 Grad: 05/2017	Schl: \$1,600.00
2014	Vollenweider, Charles S. 44 2013 Castlemaine Circle Woodstock, GA 30189 678-477-8838	Vollenweider, William C. Atlanta GA	Georgia Institute of Technology Atlanta, GA Industrial/Syst. Engineer Yr: C4 Grad: 12/2016	Schl: \$1,600.00
2014	Yee, Cameron S. 12 604 Evita Court Berthoud, CO 80513 970-532-0121	Yee, Lynn E. Longmont CO	Concordia University Seward, NE Business/Finance Yr: C2 Grad: 05/2018	Schl: \$1,500.00
2014	Ziemer, Katelyn M. 86 6720 Aspen Road Reedsville, WI 54230 920-754-4330	Ziemer, Diane R. Appleton WI	University of Wisconsin-Fox Valley Menasha, WI Elementary Education Yr: C2 Grad: 05/2018	Schl: \$2,000.00
2013	Aiyer, Lauren C. 13 5713 Marquis Court Mobile, AL 36609 251-802-0081	Medeiros, Jennifer A. Mobile AL	Auburn University Auburn, AL Political Science Yr: C3 Grad: 05/2017	Schl: \$2,300.00
2013	Aleman, Alexander P. 98 12503 Rio Paloma San Antonio, TX 78249 210-520-4794	Rodriguez, Consuelo G. San Antonio TX	Austin Community College Austin, TX Business Yr: C3 Grad: 05/2018	Schl: \$2,500.00

2015 West Corporation Scholarship Program

RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2013	Bruening, Anneliese M. 73 4732 Kelso Road Boulder, CO 80301 303-530-9086	Bruening, Gregory W. Longmont CO	Washington State University Pullman, WA Biology Yr: C3 Grad: 05/2017	Schl: \$1,500.00
2013	Buchanan, Crystal A. 14 2419 Cinder Ridge San Antonio, TX 78251 210-541-5431	Buchanan, Aurora T. San Antonio TX	Texas A&M University College Station, TX Computer Engineering Yr: C3 Grad: 06/2017	Schl: \$1,900.00
2013	Burry, Karyn M. 87 1935 Lincoln Street Longmont, CO 80501 303-678-5497	Burry, Jeff Westminster CO	Colorado School of Mines Golden, CO Biochemical Engineering Yr: C3 Grad: 05/2017	Schl: \$2,000.00
2013	Cruz, Jr., Dario D. 84 6719 Blacksmith Lane San Antonio, TX 78238 210-995-3725	Cruz, Dario San Antonio TX	St. Philip's College San Antonio, TX Nursing Yr: C4 Grad: 12/2016	Schl: \$2,500.00
2013	Cushing, Sara B. 34 810 S Taylor Street Papillion, NE 68046 402-943-9501	Cushing, Debbie R. Omaha NE	Doane College Crete, NE Criminal Justice Yr: C4 Grad: 05/2016	Schl: \$2,600.00
2013	Ector, Dorianne A. 25 6339 Heitzler Ave Cincinnati, OH 45224 513-557-8374	Ector, Sr., Wade Columbus OH	Ohio State University: Columbus Campus Columbus, OH Zoology Yr: C4 Grad: 05/2016	Schl: \$2,600.00
2013	Hoburg, Joslynn M. 80 1011 N 49th Street Omaha, NE 68132 402-547-7057	Hoburg, Sarah M. Omaha NE	Creighton University Omaha, NE Chemistry Yr: C3 Grad: 05/2017	Schl: \$1,000.00
2013	Jochimsen, Brandon L. 81 6657 South 85th Avenue Omaha, NE 68127 402-980-6082	Jochimsen, Jeffrey L. Omaha NE	University of Nebraska - Omaha Omaha, NE Pre-Medicine Yr: C3 Grad: 05/2017	Schl: \$2,500.00
2013	Khadayat, Agyashree 63 5908 Leavenworth Street Omaha, NE 68106 402-609-9997	Khadayat, Anima Omaha NE	University of Nebraska - Omaha Omaha, NE Neuroscience Yr: C4 Grad: 05/2017	Schl: \$2,500.00

2015 West Corporation Scholarship Program

RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Schl:	Award Amount
2013	Marshall, Claire E. 55 114 N Water Street Evansville, WI 53536 608-436-1590	Marshall, Greg G. Middleton WI	Lawrence University Appleton, WI Art History Yr: C3 Grad: 06/2017	Schl: \$2,000.00	
2013	McCain, Ruslan Z. 65 6305 26th Avenue Valley, AL 36854 334-756-7987	McCain, Timothy A. West Point GA	Southern Union State Community College Wadley, AL Electrical Engineering Yr: C3 Grad: 05/2017	Schl: \$2,100.00	
2013	McMunn, Hannah M. 36 3709 Mammoth Trail Madison, WI 53719 612-400-4323	McMunn, Roger D. Middleton WI	University of Minnesota: Twin Cities Minneapolis, MN Psychology/Neuroscience Yr: C4 Grad: 05/2016	Schl: \$2,600.00	
2013	Neeson, Courtney M. 22 8421 Emmet Street Omaha, NE 68134 402-991-5524	Neeson, Brian J. Omaha NE	University of South Dakota Vermillion, SD Strategic Communication Yr: C3 Grad: 05/2017	Schl: \$2,200.00	
2013	Starbuck, Marissa R. 52 13607 S 43rd Street Bellevue, NE 68123 402-291-2534	Starbuck, Timothy W. Omaha NE	University of Nebraska - Omaha Omaha, NE Psychology/Social Work Yr: C3 Grad: 05/2017	Schl: \$1,000.00	
2013	Sutton, Ashley T. 75 5206 Ambassador Drive Midlothian, TX 76065 469-337-3465	Bentle, Traci L. Lancaster TX	Texas A&M University College Station, TX Business Yr: C4 Grad: 08/2015	Schl: \$1,000.00	
2013	Tucker, Emma C. 93 3 Pitt Street Falmouth, ME 04105 207-400-4815	Madden, Elisabeth Longmont CO	Clarkson University Potsdam, NY Engineering Yr: C3 Grad: 06/2018	Schl: \$1,500.00	
2013	VandenLangenberg, Nicole G. 38 607 S Joseph Street Appleton, WI 54915 920-832-0976	VandenLangenberg, Monica M. Appleton WI	University of Wisconsin-Oshkosh Oshkosh, WI Business Yr: C3 Grad: 05/2017	Schl: \$2,100.00	
2013	Watson, Asia O. 32 Apt 2S 201 S Curtis Kankakee, IL 60901 815-258-5376	Watson, Dawn R. Finley Park IL	University of Illinois: Springfield Springfield, IL Business Administration Yr: C4 Grad: 07/2016	Schl: \$2,600.00	

2015 West Corporation Scholarship Program

RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2013	Whitfield, Shelby G. 8 9503 Chisholm Trail Frisco, TX 75034 214-604-9815	Caldwell, Jennifer Dallas TX	University of Arkansas Fayetteville, AR Nursing Yr: C3 Grad: 05/2017	Schl: \$1,600.00
2013	Yee, Jordan C. 28 604 Evita Court Berthoud, CO 80513 970-532-0121	Yee, Lynn E. Longmont CO	University of Colorado Colorado Spring Colorado Springs, CO Computer Science Yr: C5 Grad: 12/2015	Schl: \$500.00
2012	Bockman, Bruce A. 23 2116 Savannah Drive Papillion, NE 68133 402-331-2004	Bockman, Jana H. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Biology/Pre-Dentistry Yr: C5 Grad: 12/2015	Schl: \$1,000.00
2012	Borchardt, Abigail M. 34 8472 Kings Road Greenleaf, WI 54126 920-615-6680	Borchardt, Cynthia M. Appleton WI	University of Wisconsin-Green Bay Green Bay, WI Human Biology Yr: C4 Grad: 12/2016	Schl: \$3,000.00
2012	Chaganty, Srinidhi 59 3766 Crossvine Bend Marietta, GA 30066 678-624-7614	Chaganty, Gowri S. Atlanta GA	Georgia Institute of Technology Atlanta, GA Computer Science Yr: C4 Grad: 05/2016	Schl: \$1,600.00
2012	Kovac, MaKayla K. 1 PO Box 282 755 Main Street Erie, CO 80516 303-828-2950	McCarthy, Stacey M. Longmont CO	University of Colorado Boulder Boulder, CO Chemical Engineering Yr: C4 Grad: 05/2016	Schl: \$3,000.00
2012	McDaniel, Elizabeth N. 73 503 Washington Street Hartselle, AL 35640 256-345-4803	Saylor, Catherine C. Huntsville AL	University of Alabama Tuscaloosa, AL Chemical Engineering Yr: C4 Grad: 05/2016	Schl: \$3,000.00
2012	Mohr, Mary E. 12 433 W. Mifflin Street Unit 2 Madison, WI 53703 920-227-7067	Miller-Mohr, Gina K. Appleton WI	University of Wisconsin-Madison Madison, WI Genetics Yr: C4 Grad: 05/2016	Schl: \$3,000.00
2012	Nitz, Marissa L. 69 3959 Stephanie Lane Omaha, NE 68147 402-731-1286	Nitz, Debra A. Omaha NE	University of Nebraska - Lincoln Lincoln, NE Biological Systems Engine Yr: C4 Grad: 05/2017	Schl: \$3,000.00

2015 West Corporation Scholarship Program

RENEWAL REPORT

ID#	Name/Address/Phone	Employee/Location	College/Major/Year	Award Amount
2012	Pelot, Courtney J. 55 2302 S 22nd Street Manitowoc, WI 54220 920-901-9577	Pelot, Scott L. Appleton WI	University of Wisconsin-Madison Madison, WI Communication Arts Yr: C4 Grad: 05/2016	Schl: \$2,800.00
2012	Zakutney, Alice M. 61 26646 Bren Court S Daphne, AL 36526 251-626-9440	Zakutney, David M. Mobile AL	Auburn University Auburn, AL Biomedical Sciences Yr: C4 Grad: 05/2016	Schl: \$1,000.00
2011	Correa, Sebastian J. 99 3713 Falcon Drive Bellevue, NE 68123 402-871-8201	Correa, Richard Omaha NE	University of Nebraska - Omaha Omaha, NE Math Yr: C3 Grad: 05/2017	Schl: \$1,800.00

Number of Renewals: 57

2014	25	\$45,800.00
2013	22	\$43,100.00
2012	9	\$21,400.00
2011	1	\$1,800.00

Total Scholarships: 57 Awards \$112,100.00 Awarded

Forfeited Scholarship

West Corporation Debit/Credit Report

Last	First	AppID	TransDate	AwdYr	DrAmt	CrAmt	Reason	NetAmt	AwdType	NetDrCr
McElroy	Caroline	2014-26	6/24/2015	2014		(\$850.00)	No respons	(\$850.00)	Schl	Credit
Cruz, Jr.	Dario	2013-84	6/24/2015	2014		(\$2,500.00)	Deffered A	(\$2,500.00)	Schl	Credit
McCasin	Kaitlyn	2013-76	11/26/2014	2014		(\$2,400.00)	No respons	(\$2,400.00)	Schl	Credit
Wareham	Kimberly	2013-82	4/23/2015	2014		(\$1,400.00)	Not enroll	(\$1,400.00)	Schl	Credit
Esquivel	Christophe	2012-52	11/26/2014	2014		(\$3,000.00)	No respons	(\$3,000.00)	Schl	Credit
Sheffield	Jordan	2012-43	11/26/2014	2014		(\$3,000.00)	No respons	(\$3,000.00)	Schl	Credit
Mason	Christalin	2011-20	11/26/2014	2014		(\$2,100.00)	No respons	(\$2,100.00)	Schl	Credit
Richardson	Lindsey	2011-93	11/26/2014	2014		(\$1,400.00)	No respons	(\$1,400.00)	Schl	Credit
Schmidt	Morgan	2011-35	11/26/2014	2014		(\$1,000.00)	No respons	(\$1,000.00)	Schl	Credit
Tranmer	Ariel	2011-23	11/26/2014	2014		(\$2,100.00)	Not enroll	(\$2,100.00)	Schl	Credit
* Sutton	Ashley	2013-75	6/3/2015	2015	\$1,000.00					
Totals					\$1,000.00	(\$19,750.00)				

Total Balance (\$18,750.00)

* Name / Address	Employee / Location	College / Major	Amount
2013-75 Sutton, Ashley	Bentley, Traci	Texas A&M	\$1,000
5206 Ambassador Drive	Lancaster, TX	College Station, TX	
Midlothian TX		Business	
(Name change)			