



# GENESYS CHARITY CLASSIC SCHOLARSHIP PROGRAM

**Please print**

Date of Application	Name	Last 4 digits of SSN#
Home Phone	Home Address	City/State/Zip
University/College		Full –time          Part-time
Number of credit hours completed	Semester of application (season/year)	Expected Date of Graduation

I am enrolled in the following degreed healthcare program: (please circle applicable field)

Nursing          Physical Therapy          Respiratory Therapy          Pharmacy          Speech Language Pathology

I am requesting a scholarship for the following classes:

Course name	Credit hours	Start / End Dates	Tuition cost	Fees	Book costs	Total for Course

Estimated Total Costs for this Semester (Tuition +Fees + Books)

Will you receive financial assistance from any other source?     Yes           No

If yes, what source/how much? \_\_\_\_\_

I certify that the information included in this application is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature/Date

\_\_\_\_\_  
Scholarship Committee Approval/Date

**IMPORTANT:** When submitting this application, please attach -

- ◆ A brief narrative including a biography and description of why you are deserving of this scholarship.
- ◆ Letter of recommendation from a faculty member in your current Program of Study.
- ◆ Transcript