

## **GENESYS HEALTH SYSTEM**

### **LEONARD A. MCKINNON MEMORIAL SCHOLARSHIP GUIDELINES**

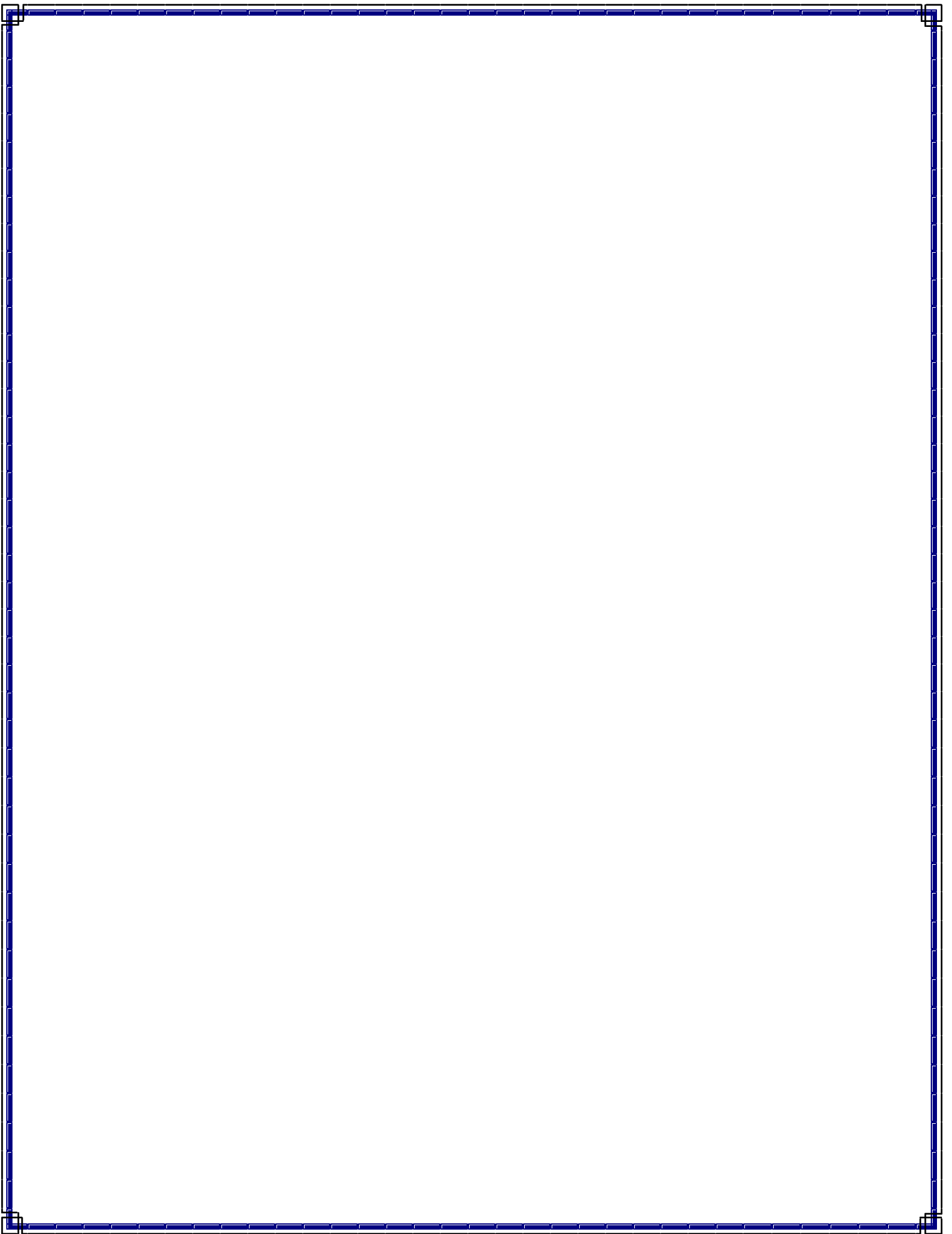
The Leonard A. McKinnon Memorial Scholarship Fund was established through a generous donation by Zelpha E. McKinnon in memory of her husband. The donation was given to provide Genesys Health System employees with financial assistance to further their education within the field of health care. Scholarships in the amount of \$1,000 will be awarded annually in the months of August and December.

#### **Scholarship Guidelines:**

1. The applicant must be a Genesys Health System employee who is working full-time or part-time.
2. The applicant must be currently enrolled in a baccalaureate or graduate degree program at an accredited university or college in a course of health care study.
3. The applicant must have demonstrated scholastic excellence with a minimum G.P.A. of 3.0 as a college student with at least 30 credits completed.
4. The applicant must complete a Leonard A. McKinnon Memorial Scholarship application which may be obtained by contacting Rhonda Broussard in the Genesys Education & Research department at 606-6430.
5. The applicant must submit a narrative which includes a brief biography and a description of why he/she is deserving of this award.
6. The applicant must submit a transcript of grades.
7. Awards must be used for tuition, fees, books and/or supplies.
8. Scholarship awardees will receive a check in the amount of \$1,000 from the Genesys Health Foundation within 30 days of notification.
9. The Genesys Clinical & Organizational Development office will accept scholarship applications between July 1<sup>st</sup> - August 1<sup>st</sup> and November 1<sup>st</sup> - December 1<sup>st</sup> . The deadline for submitting an application is August 1<sup>st</sup> and December 1<sup>st</sup> of each year.

Please submit all completed materials to:

Genesys Regional Medical Center  
Education & Research dept. (#3595)  
One Genesys Parkway  
Grand Blanc, MI 48439



# GENESYS HEALTH SYSTEM

## LEONARD A. MCKINNON MEMORIAL SCHOLARSHIP APPLICATION

PLEASE PRINT

Date:	Name:	Last 4 digits of SSN#:
Hire Date:	Organization & Department:	Classification:
Shift:	Employment Status: Full-time                  Part-time	Work Phone:
Home Phone: (    )	Home Address:	City/State/Zip:

I am pursuing a:    Bachelor    Master    Doctorate Degree In (major): _____ (minor): _____  Expected date of graduation/completion: _____		
University/College:	Address:	City/State/Zip:

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

If so, what source/how much: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature/Date

\_\_\_\_\_  
Department Head's Signature/Date

\_\_\_\_\_  
Scholarship Committee Approval