

## 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 Melissa Kryglowski at the Genesys Learning Institute (606-7285)
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 GRMC Development Office within 30 days of notification.
9. The Genesys Learning Institute 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 Learning Institute  
849 Health Park Boulevard  
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