

## GENESYS HEALTH SYSTEM

### CATHY ALLEN-THOMAS MEMORIAL SCHOLARSHIP GUIDELINES

The Cathy Allen-Thomas Memorial Scholarship Fund was established in 2007 through several generous donations by friends and family in memory of Cathy. The donations were given to provide Genesys Health System employees with financial assistance to further their education within the field of Health Information Technology. A scholarship in the amount of \$500 will be awarded for Fall 2009.

#### 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 an associate or baccalaureate degree program at an accredited university or college in the Health Information Technology or Health Information Management program.
3. The applicant must have demonstrated scholastic excellence with a minimum G.P.A. of 3.0 as a college student with at least 45 credits completed.
4. The applicant must complete a Cathy Allen-Thomas 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 letter of recommendation.
7. The applicant must submit a current transcript of grades.
8. Awards must be used for tuition, fees, books and/or supplies.
9. Scholarship awardees will receive a check in the amount of \$500 from the Genesys Health Foundation within 30 days of notification.
10. The Genesys Learning Institute Office will accept scholarship applications between June 1<sup>st</sup> - August 1<sup>st</sup>, 2009.

Please submit all completed materials to:

Genesys Learning Institute  
849 Health Park Boulevard  
Grand Blanc, MI 48439

GENESYS HEALTH SYSTEM

CATHY ALLEN-THOMAS MEMORIAL  
SCHOLARSHIP APPLICATION

PLEASE PRINT

|                      |   |                         |
|----------------------|---|-------------------------|
| Date:                | Name:   | Last 4 digits of SSN #: |
| Hire Date:           | Organization & Department:  | Classification:         |
| Shift:               | Employment Status:<br><input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | Work Phone:             |
| Home Phone:<br>(   ) | Home Address:   | City/State/Zip:         |

I am pursuing a:     Associate in Health Information Technology  
                           Bachelor in Health Information Management

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/Date