

The Cathy Allen-Thomas Memorial Scholarship Fund was established in 2007 through several generous donations by family and friends in memory of Cathy. The donations were given to provide Ascension Genesys Employees with financial assistance to further their education in the field of Health Information Technology/Health Information Management. One scholarship will be awarded winter semester of each year.

Scholarship Guidelines

1. The applicant must be an employee of Ascension Genesys 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 fields.
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 submit a completed Cathy Allen-Thomas Memorial Scholarship application to the Ascension Genesys Foundation.
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 (copy acceptable).
8. Awards must be used for tuition, fees, books and/or supplies.
9. Scholarship awardees will be contacted by the Ascension Genesys Foundation and award arrangements will be made at that time
10. Deadline to submit an application to the Ascension Genesys Foundation is **December 15th**.

Please submit all complete materials to:

Ascension Genesys Foundation
One Genesys Parkway
Grand Blanc, MI 48439

Scholarship Application

Please Print

First Name	M.I.	Last Name	Last 4 digits of SSN

Contact Information

Street Address	City	State	Zip

Home Phone	Cell Phone	Email Address

Employment Information

Date of Hire	Organization & Department	Classification	Shift

<input type="checkbox"/> Full time	<input type="checkbox"/> Part Time	
Employment Status	Manager's Name	

Education Information

<input type="checkbox"/> Associate in Health Information Technology	
<input type="checkbox"/> Bachelor in Health Information Management	
Degree Pursued	Expected Date of Completion

University/College

Street Address	City	State	Zip

<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you receive financial assistance from any other source? If so, what source and how much?	

Applicant Signature Date

Department Head's Signature Date

Scholarship Committee Approval Date