

**GENESYS  
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 will be awarded annually in the months of August and December.

**Scholarship Guidelines:**

1. The applicant must be a Genesys 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. If pursuing a Bachelor degree must have at least 30 credits completed.
4. The applicant must submit a completed Leonard A. McKinnon Memorial Scholarship application to the Genesys Health 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 from a manager or instructor.
7. The applicant must submit a transcript of grades (copy acceptable).
8. Awards must be used for tuition, fees, books and/or supplies.
9. Scholarship awardees will receive a check from the Genesys Health Foundation within 45 days of notification.
10. **Applications will be accepted between July 15<sup>th</sup> – August 15<sup>th</sup> and November 15<sup>th</sup> – December 15<sup>th</sup>. The deadline for submitting an application is August 15<sup>th</sup> and December 15<sup>th</sup> of each year.**

Please submit all complete materials to:

Genesys Health Foundation  
One Genesys Parkway  
Grand Blanc, MI 48439

**GENESYS  
LEONARD A. MCKINNON MEMORIAL  
SCHOLARSHIP APPLICATION**

PLEASE PRINT

<b>Date:</b>	<b>Name:</b>	<b>Last 4 Digits Of SSN #:</b>	
<b>Hire Date:</b>	<b>Organization &amp; Department:</b>	<b>Classification:</b>	<b>Shift:</b>
<b>Employment Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	<b>Managers Name:</b>	<b>Cell Phone:</b>	
		<b>Home Phone:</b>	
<b>Email Address:</b>	<b>Home Address:</b>	<b>City/State/Zip:</b>	

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<b>I am pursuing a:</b> <input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate Degree <b>In (major):</b> _____ <b>(minor):</b> _____  <b>Expected date of graduation/completion:</b> _____
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<b>University/College:</b>	<b>Address:</b>	<b>City/State/Zip:</b>
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<p><b>Will you receive financial assistance from any other source?</b>   <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>If so, what source/how much:</b> _____</p>
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\_\_\_\_\_  
**Applicant's Signature/Date**

\_\_\_\_\_  
**Manager's Signature/Date**

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