

## **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/Health Information Management. One scholarship will be awarded winter semester of each year.

#### **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.
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 be contacted by Genesys Health Foundation and award arrangements will be made at that time.
10. Deadline to submit an application to the Genesys Health Foundation is December 15.

Please submit all completed materials to:

**Genesys Health Foundation  
One Genesys Parkway  
Grand Blanc, MI 48439**

**GENESYS HEALTH SYSTEM**  
**CATHY ALLEN-THOMAS 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>Cell Phone:</b> <b>Home Phone:</b>
<b>Email Address:</b>	<b>Home Address:</b>	<b>City/State/Zip:</b>

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

Expected date of graduation/completion: \_\_\_\_\_

<b>University/College:</b>	<b>Address:</b>	<b>City/State/Zip:</b>
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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**