

GENESYS CHARITY CLASSIC

SCHOLARSHIP PROGRAM

The Genesys Charity Classic is an annual premier golf, social party and silent auction event which has raised over \$2 million for the community since 1993. Proceeds from this event have established a scholarship fund which allows us to provide financial assistance to students pursuing careers in health care fields.

Scholarship Details:

1. Scholarships are awarded two times per year. Award amounts may vary. The amount of the scholarship will not exceed current costs of tuition, fees, books and /or other related approved educational expenses.
2. Upon satisfactory completion of your academic program you must:
 - a. Begin working at a Genesys Health System affiliate within 30 days. (*This is not a guarantee of employment.*)
 - b. Complete any required licensing examinations within 60 days.
 - c. Continue working at a Genesys Health System affiliate for 1040 hours for each semester award received.

Eligibility:

1. The applicant must be a resident in the Genesys Health System service area: Genesee, Shiawassee, Livingston, Oakland, Lapeer and Tuscola counties, and
2. Be in good standing in an accredited program for one of the following health care fields:

Nursing (BSN) Pharmacy (PharmD) Social Work Respiratory Therapy
3. Upon completion of degree program, be agreeable to accept employment and remain employed at a Genesys Health System affiliate for the total repayment period of 1040 hours for each semester of scholarship received.

Application Process:

Complete the attached application as directed and submit it with:

- A narrative describing yourself and why you are deserving of a scholarship
- A letter of recommendation from a faculty member
- Transcript of grades (copy acceptable)

Mail your application to: Genesys Health Foundation
One Genesys Parkway
Grand Blanc, MI 48439

Application Deadlines:

For consideration, applications must be submitted by: **August 15th** for Fall semester
December 15th for Winter semester

**GENESYS CHARITY CLASSIC
SCHOLARSHIP APPLICATION**

PLEASE PRINT

Date of Application	Name	Last 4 digits of SSN#
Cell Phone:	Home Address	City/State/Zip
Home Phone:		
Email Address	University/College	Student Status: <input type="checkbox"/> FT <input type="checkbox"/> PT
Number of credit hours completed	Expected Date of Graduation	

I am enrolled in the following healthcare program:

- Respiratory Therapy Social Work
 Pharmacy (PharmD) Nursing (BSN or higher)

I am requesting a scholarship for the following classes:

Course Name	Credit Hours	Start/End Dates	Tuition Cost	Fees	Book Costs	Total for Course

Estimated total costs for this semester (Tuition+Fees+Books): \$ _____

Will you receive financial assistance from any other source? ___ Yes ___ No

If yes, what source and how much? _____

I certify that the information included in this application is true to the best of my knowledge.

Applicant Signature/Date

Scholarship Committee Approval/Date

IMPORTANT: When submitting this application, please attach:

- ◆ A brief narrative including a biography and description of why you are deserving of this scholarship
- ◆ Letter of recommendation from a faculty member in your current Program of Study
- ◆ Transcript (copy acceptable)