

The Genesys Charity Classic is an annual premier golf and social event which has raised more than \$2 million dollars for Ascension Genesys and the community since 1993. Proceeds from the event have established a scholarship fund to provide financial assistance to students pursuing careers in health care fields.

Scholarship Guidelines

1. Scholarships are awarded twice per year. Award amounts may vary—the amount of the scholarship will not exceed the current costs of tuition, fees, books and/or other related approved educational expenses.
2. Upon satisfactory completion of an academic program, applicants must:
 - a. Begin working at an Ascension Genesys Health System affiliate within 30 days (*this does not constitute a guarantee of employment*)
 - b. Complete any required licensing examinations within 60 days
 - c. Continuing working at an Ascension Genesys Health System affiliate for 1040 hours for each semester award received
3. The applicant must be a resident within the Ascension Genesys service area: Genesee, Shiawassee, Livingston, Oakland, Lapeer and Tuscola counties.
4. The applicant must be in good standing in an accredited program for one of the following healthcare fields:
 - a. Nursing (BSN)
 - b. Pharmacy (PharmD)
 - c. Social Work
 - d. Respiratory Therapy
5. Upon completion of degree program, be agreeable to accept employment and remain employed at an Ascension Genesys Health System affiliate for the total repayment period of 1040 hours for each semester award received.
6. The applicant must submit a completed Genesys Charity Classic Scholarship application to the Ascension Genesys Foundation.
7. The applicant must submit a narrative which includes a brief biography and a description of why he/she is deserving of this award.
8. The applicant must submit a letter of recommendation from a faculty member
9. The applicant must submit a current transcript of grades (copy acceptable).
10. Deadline to submit an application to the Ascension Genesys Foundation are:

August 15th for Fall Semester

December 15th for Winter Semester

Please submit all complete materials to:

Ascension Genesys Foundation
One Genesys Parkway
Grand Blanc, MI 48439

Scholarship Application

Please Print

<input type="checkbox"/> New Application <input type="checkbox"/> Renewal Application	Date of Application
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First Name	M.I.	Last Name	Last 4 digits of SSN
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Contact Information

Street Address	City	State	Zip
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Home Phone	Cell Phone	Email Address
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<input type="checkbox"/> Full time <input type="checkbox"/> Part Time	# of Credit Hours Completed
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Education Information

<input type="checkbox"/> Nursing BSN <input type="checkbox"/> Social Work	<input type="checkbox"/> Pharmacy (PharmD) <input type="checkbox"/> Respiratory Therapy	Expected Date of Completion
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University/College

Street Address	City	State	Zip
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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):						

<input type="checkbox"/> Yes <input type="checkbox"/> No	Will you receive financial assistance from any other source? If so, what source and how much?
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I certify that the information included in this application is true to the best of my knowledge:

Applicant Signature	Date
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Scholarship Committee Approval	Date
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