



350 ST. ANDREWS ROAD ■ SUITE 242 ■ SAGINAW, MI 48638-5988
PHONE: (989) 790-3590 ■ FAX: (989) 331-6720 ■ CELL: (989) 284-8884
EMAIL: JMCRAMER@SAGINAWCOUNTYMS.COM ■ WWW.SAGINAWCOUNTYMS.COM

2024 Nursing Scholarship Application

The **Saginaw County Medical Society** provides \$500 nursing scholarships to Saginaw County residents.

Requirements for consideration:

- Must be a **permanent** resident of Saginaw County (*those living in Saginaw County to attend college are not eligible*); **AND**
- Currently enrolled in a RN or BSN nursing program or beginning nursing clinical core courses for award year; **AND**
- Overall college GPA no lower than 2.79

The following are not eligible:

- RN/BSN to Master's
- RN/BSN to FNP or PA
- High school seniors
- Those living in Saginaw County only to attend college

Application packet **MUST** be complete for consideration. Incomplete applications will be denied. **Applications must include:**

- One-page essay describing your nursing career goals and how this scholarship would help you financially in completing your nursing degree
- Two letters of recommendation from current professors
- Current transcript
- Current resume
- Copy of driver's license

NOTE: Prior award recipients must complete a new application packet with new letters of recommendation.

Please complete the application and return with the required documentation (**VIA EMAIL PREFERRED**) by **March 31, 2024**, to:

Saginaw County Medical Society
Nursing Scholarship Committee
350 St. Andrews Road, Suite 242
Saginaw, Michigan 48638-5988
Telephone (989) 790-3590, Fax (989) 331-6720 | Cell (989) 284-8884
jmcramer@saginawcountymys.com
www.SaginawCountyMS.com

IF SUBMITTING BY EMAIL, PLEASE REQUEST CONFIRMATION OF RECEIPT

Applications may be downloaded from www.SaginawCountyMS.com
under the Nursing Scholarship tab



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2024 NURSING SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Date: _____, 2024

Name: _____

Home Address: _____ Phone: _____

_____ County: _____

Home Email Address: _____ Cell phone: _____

Student Address: _____

Student Email Address: _____

Date of Birth: _____

Marital Status: single married separated divorced widowed

If single:

1. reside with parents (continue with questions 2-4) reside elsewhere (college/apartment)

2. Number of siblings residing with parents _____

3. Is father employed? Yes No Occupation: _____

Place of Employment: _____

4. Is mother employed? Yes No Occupation: _____

Place of Employment: _____

If married:

1. Is spouse employed? Yes No Occupation: _____

Place of Employment: _____

2. List ages of children: _____

List sources and amounts of financial assistance (scholarships, loans, family assistance):

Scholarship Received: \$ _____ From: _____

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Scholarship Received: \$ _____ From: _____

Do you currently have outstanding student loans? Yes No Total Outstanding Loans \$ _____

Current Employment History:

Employed? Yes No Type of work: _____

Total hours worked weekly _____ Weekly salary: _____

Place of employment: _____

EDUCATIONAL INFORMATION

Are you currently accepted in a nursing program? Yes No

High School: _____ Graduation Date: _____ GPA: _____

College or University presently attending: _____

College ID# _____ Number of credits completed: _____ GPA: _____

Are you a full time or part time student?

Expected date of graduation from nursing program: _____

Have you previously received a Saginaw County Medical Society Scholarship? Yes No

When? _____

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