



350 ST. ANDREWS ROAD ■ SUITE 242 ■ SAGINAW, MI 48638-5988 ■ (989) 790-3590 ■ FAX (989) 790-3640
EMAIL: JMCRAMER@SBCGLOBAL.NET ■ WWW.SAGINAWCOUNTYMS.COM

2017 Nursing Scholarship Application

PLEASE NOTE NEW EMAIL ADDRESS FOR APPLICATIONS

Keri.benkert@sbcglobal.net

TO: Nursing Scholarship Applicants

FROM: Nursing Scholarship Committee

The **Saginaw County Medical Society Alliance** provides \$500 nursing scholarships to Saginaw County residents. Over the years, we have awarded many scholarships to help students continue their nursing education.

Requirements for consideration:

- Must be a permanent resident of Saginaw County; **AND**
- Currently enrolled in a nursing program or beginning nursing clinical core courses for award year; **AND**
- Overall college GPA no lower than 2.79.

Application packet **MUST** be complete for consideration. Incomplete applications will be denied. All applications must include a 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 past or current professors must be included.

NOTE: Prior award recipients must complete a new application packet with new letters of recommendation. This scholarship is not for graduating high school seniors.

Please complete the application and return with your essay and two written references by **March 31, 2017**, to:

Saginaw County Medical Society
Nursing Scholarship Committee
350 St. Andrews Road, Suite 242
Saginaw, Michigan 48638-5988
Telephone (989) 790-3590, fax (989) 790-3640
E-mail: keri.benkert@sbcglobal.net



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2017 NURSING SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Date: _____, 2017

Name: _____

Home Address: _____ Phone: _____
_____ County: _____

Home E-mail Address: _____ Cell phone: _____

Student Address: _____

Student E-mail 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: _____

Scholarship Received: \$_____ From: _____

Scholarship Received: \$_____ From: _____

Loans: \$_____ Do you currently have outstanding student loans? ☐ Yes ☐ No

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 Alliance Scholarship? ☐ Yes ☐ No

When? _____

REFERENCES

! Enclose **two** written references from past or present teachers/professors.

! Submit an essay describing your career goals and financial need.

RETURN COMPLETED APPLICATION BY MARCH 31, 2017, TO:

Saginaw County Medical Society
Nursing Scholarship Committee
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