



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

2019 Nursing Scholarship Application

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. **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. This scholarship is not for graduating high school seniors.

Please complete the application and return with the required documentation by **March 31, 2019**, 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
Email: keri.benkert@sbcglobal.net

IF SUBMITTING BY EMAIL, PLEASE REQUEST CONFIRMATION OF RECEIPT.



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2019 NURSING SCHOLARSHIP APPLICATION

PERSONAL INFORMATION

Date: _____, 2019

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: _____

Scholarship Received: \$_____ From: _____

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 Alliance Scholarship? ☐ Yes ☐ No

When? _____

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RETURN COMPLETED APPLICATION AND REQUIRED DOCUMENTATION BY MARCH 31, 2019, TO:

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