



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

## **MEDICAL STUDENT LOAN APPLICATION**

The Saginaw County Medical Society (SCMS) Foundation was established in 1968 and was originally funded through physician donations from earnings related to educational and charitable work. Today, it continues to rely on generous donations to sustain and expand its programs.

The SCMS Foundation provides low-interest loans to medical students with ties to the Saginaw area. Loan amounts have historically ranged from \$5,000 to \$10,000 per year, with some students receiving funding in multiple years. The maximum total loan available during medical school is \$20,000 per student.

The terms of these loans are generous. No interest is charged while the student is enrolled in medical school. During residency, simple interest is applied at a rate of 4% per year. Upon completion of residency, the interest rate increases to 8% per year.

The Foundation also offers a loan forgiveness program. If a loan recipient returns to Saginaw to practice medicine following residency and maintains dues-paying membership in the SCMS, 25% of the outstanding principal and any accrued interest will be forgiven at the end of each year of practice in Saginaw County, up to a maximum of \$5,000 per year.

The Foundation Board typically considers applicants who have completed at least their first year of medical school. Applications are evaluated based on several factors, including:

- Strength of connection to the Saginaw area
- Financial need
- Scholastic performance
- Community service and extracurricular involvement

The primary goal of the Foundation's loan program is to support and encourage medical students to return to Saginaw to practice medicine.

To apply, please complete the attached application and submit it, along with all required documentation and signatures, to the SCMS Foundation by April 30, 2026. The Foundation Board will review all applications and notify applicants of its decisions, typically by the fourth week of May.

**Only applicants enrolled in a United States medical school will be considered.**



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**DUE DATE: APRIL 30, 2026**

**Only applicants enrolled in a United States medical school will be considered.**

**APPLICATION FOR FINANCIAL ASSISTANCE FOR EDUCATIONAL PURPOSES**

The completed application with all information, signatures, and medical school verification should be emailed to [jmcramer@saginawcountyms.com](mailto:jmcramer@saginawcountyms.com). ***In addition to submitting by email, the original signed application and documentation must be mailed to the address above. Incomplete applications will NOT be considered.***

**I. PERSONAL**

DATE \_\_\_\_\_

Name – Last, first, middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Sex  Male  Female

Social Security Number \_\_\_\_\_ Email \_\_\_\_\_

Driver's License Number \_\_\_\_\_ License State \_\_\_\_\_

Current Address \_\_\_\_\_

Cell Number \_\_\_\_\_

Permanent Address \_\_\_\_\_

Telephone \_\_\_\_\_

Marital Status  Single  Married Spouse's Name \_\_\_\_\_

Spouse's Occupation \_\_\_\_\_

Spouse's Cell Number \_\_\_\_\_ Spouse's Email \_\_\_\_\_

Undergraduate College/University \_\_\_\_\_

Year Graduated \_\_\_\_\_ Degree \_\_\_\_\_

Medical School \_\_\_\_\_

Year of Study  M1  M2  M3  M4 Student ID#: \_\_\_\_\_

**\*\*Applicant MUST submit an official letter from their Medical School with complete contact information (name, position, address, phone, fax and email) verifying enrollment and year of study as of the date of this application along with their transcript.\*\***

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Mother's Maiden Name \_\_\_\_\_ Occupation \_\_\_\_\_

Current Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**II. INTERVIEW**

A. In what ways, if any, have you contributed toward your own support or your own savings?

\_\_\_\_\_  
\_\_\_\_\_

B. Do you intend to work while continuing your education?

\_\_\_\_\_  
\_\_\_\_\_

C. Amount saved toward school expenses:

\_\_\_\_\_  
\_\_\_\_\_

D. Have you applied, or do you intend to apply for, other scholarships or loans?

\_\_\_\_\_  
\_\_\_\_\_

E. List scholarships or grants already received:

\_\_\_\_\_  
\_\_\_\_\_

F. In what way do you think you will benefit by continuing your education?

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G. How might your education benefit Saginaw County?

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H. Of all the things you have accomplished in or out of school, which have given you the greatest personal satisfaction?

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**III. On a separate sheet, please provide a brief story of your life.** (Please include what person or event most influenced your plans for the future; which studies you liked best (and least); your ambitions, interests, aims, ideals, philosophy of life, hobbies, etc.).

**Please include a current CV and your current transcript.**

**PLEASE CONTINUE TO PAGE 4**

**IV. PLEASE COMPLETE THE FOLLOWING BUDGET (in approximate figures)**

INCOME	LAST YEAR ATTENDED	YEAR FOR WHICH ASSISTANCE IS REQUESTED
Cash on hand at beginning of school year	\$	\$
Income from parents		
Income from spouse		
Earnings expected		
Income from other sources (explain)		
Loans (received or pending)		
Gifts or scholarships		
<b>TOTAL INCOME</b>	\$	\$
EXPENSES		
Tuition and fees	\$	\$
Room and board		
Books and instruments		
Clothing		
Laundry, recreation, misc.		
Transportation		
<b>TOTAL EXPENSES</b>	\$	\$
<b>AMOUNT OF LOAN REQUESTED</b>		\$

I fully understand that any significant misstatements in, or omissions from this application, constitute cause for denial of a loan and/or for any loans previously granted to me to be immediately due and payable in full with interest. All information submitted by me in this application is true to my best knowledge and belief. **A collection agency will be used immediately if there is a default on the loan, or lack of communication indicates potential default.**

I further agree to contact the SCMS Foundation on or before March 31 of each year by email or postal mail with my updated contact and medical school/residency information. Current contact information can be found at [www.SaginawCountyMS.com](http://www.SaginawCountyMS.com).

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature *e-sign accepted on emailed copy*

\_\_\_\_\_  
Signature for original application to be **mailed**

# AUTHORIZATION TO RELEASE PRIVILEGED INFORMATION

I hereby authorize \_\_\_\_\_  
*Insert name of medical school above*

as well as, any future internship/residency/fellowship training programs, hospital systems, practice group/PO/PHO, etc., that I may be affiliated with, to verify my education, training, employment, etc., and release any other requested information including, but not limited to, participation, programs, contact information, training, employment and status to the **Saginaw County Medical Society Foundation, 350 St. Andrews Road, Suite 242, Saginaw, Michigan 48638-5988, phone 989-790-3590, or its designee**, for ten (10) years from the date of this Authorization.

Date: \_\_\_\_\_, 20\_\_\_\_ Student ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_  
Name – Last, first, middle

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Year of Study as of the Date of this Authorization:  M1  M2  M3  M4

Signature: \_\_\_\_\_  
*(e-signature accepted for emailed copy)*

\_\_\_\_\_  
Signature for original Authorization to be **mailed** with Application