

**2021 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 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

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 by **March 31,** **2021,** 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: jmcramer@sbcglobal.net

IF SUBMITTING BY EMAIL, PLEASE REQUEST CONFIRMATION OF RECEIPT.



**2021 NURSING SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION** Date: \_\_\_\_\_\_\_\_\_\_\_\_\_, 2021

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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