



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

## 2026 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 **April 30, 2026**, 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](mailto:jmcramer@saginawcountymys.com)  
[www.SaginawCountyMS.com](http://www.SaginawCountyMS.com)

**IF SUBMITTING BY EMAIL, PLEASE REQUEST CONFIRMATION OF RECEIPT**

Applications may be downloaded from [www.SaginawCountyMS.com](http://www.SaginawCountyMS.com)  
under the Nursing Scholarship tab



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## 2026 NURSING SCHOLARSHIP APPLICATION

### PERSONAL INFORMATION

Date: \_\_\_\_\_, 2026

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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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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