

**2022 Nursing Scholarship Application**

The **Saginaw County Medical Society Alliance** provides $500 nursing scholarships to Saginaw County residents.

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 **(VIA EMAIL PREFERRED)** by **March 31,** **2022,** 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

Email: jmcramer@sbcglobal.net

[www.SaginawCountyMS.com](http://www.SaginawCountyMS.com)

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



**2022 NURSING SCHOLARSHIP APPLICATION**

**PERSONAL INFORMATION** Date: **\_\_\_\_\_\_\_\_\_\_\_\_\_,** 2022

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? **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Please complete the application and return with the required documentation **(VIA EMAIL PREFERRED)** by **March 31,** **2022,** 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

Email: jmcramer@sbcglobal.net

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