



350 ST. ANDREWS ROAD ■ SUITE 242 ■ SAGINAW, MI 48638-5988  
PHONE: (989) 790-3590 ■ FAX: (989) 331-6720 ■ CELL: (989) 284-8884  
EMAIL: JMCRAMER@SBCGLOBAL.NET ■ WWW.SAGINAWCOUNTYMS.COM

## 2023 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, 2023**, 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](mailto:jmcramer@sbcglobal.net)  
[www.SaginawCountyMS.com](http://www.SaginawCountyMS.com)

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



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## 2023 NURSING SCHOLARSHIP APPLICATION

### **PERSONAL INFORMATION**

Date: \_\_\_\_\_, 2023

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 Alliance Scholarship? ☐ Yes ☐ No

When? \_\_\_\_\_

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