

P 989-558-6421

Healthy Saginaw Scholarship Application Form

First Name	Last Name		Date	
Address	City	State	Zip Code	
Area of study/degree pursuing?				
College or university attending?				
Have you already been accepted to the university/program? (check one): Yes No				
College graduation year (anticipated)?				
Are you related to a CMU Medical Education Partners employee? Yes No				
If yes, who?				

Application forms, along with a 1-2 page essay based on prompts described on the scholarship webpage, should be emailed to Trish Salas at salas1p@cmich.edu no later than June 15, 2024 with "Scholarship Application" included in the subject line.