

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 <a href="mailto:salas1p@cmich.edu">salas1p@cmich.edu</a> no later than Nov. 1, 2024 with "Scholarship Application" included in the subject line.