



P 989-558-6421

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 30, 2026** with “Scholarship Application” included in the subject line.