



CMU MEDICAL EDUCATION  
**PARTNERS**  
CENTRAL MICHIGAN UNIVERSITY

1000 Houghton Avenue  
Saginaw, Michigan 48602

P 989-558-6421

## Healthy Saginaw Scholarship Application Form

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First Name	Last Name	Date
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Address	City	State	Zip Code
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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](mailto:salas1p@cmich.edu) no later than **June 15, 2025** with "Scholarship Application" included in the subject line.