



CMU MEDICAL EDUCATION
PARTNERS
CENTRAL MICHIGAN UNIVERSITY

1000 Houghton Avenue
Saginaw, Michigan 48602

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 **Nov. 8, 2024** with "Scholarship Application" included in the subject line.