



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 **November 14, 2022** with "Scholarship Application" included in the subject line.