

NORTHERN ALUMNI ASSOCIATION KEITH CLAWSON MEMORIAL CONTINUING STUDENT SCHOLARSHIP

A \$750 (\$375 Fall Semester, \$375 Spring Semester) Scholarship for a student who will be attending MSUN full time during the next academic school year. Granted by the Northern Alumni Association and presented during the annual MSU-Northern Awards Convocation.

DEADLINE: February 1

Complete back page and submit with attachments to:

Northern Alumni Association Scholarship Committee
Northern Alumni Office
Donaldson Hall Room 211
P.O. Box 7751
Havre, MT 59501

1. Must have previously attended NMC or MSU-Northern.
2. **STUDENT MUST BE A SON OR DAUGHTER OF A NORTHERN ALUMNUS.**
3. Must enroll as a full-time student (12 or more credits).
4. List past and/or present school and/or community involvement.
5. Attach college transcript.
6. Attach 500 word essay explaining why you are attending Northern and why you are enrolled in your preferred course of study. Please indicate your financial need circumstances.
7. Attach two letters of recommendation from anyone other than a family member.
8. Please indicate your financial need circumstances and that you have Financial Aid and Admissions applications on file with the appropriate offices at MSU-Northern.

**NORTHERN ALUMNI ASSOCIATION
KEITH CLAWSON MEMORIAL CONTINUING STUDENT
SCHOLARSHIP APPLICATION FORM**

Applicant's Full Name: _____ Age: _____

Havre Address: _____ Phone #: _____

Permanent Home Address: _____

High School: _____

Grade Point Average (GPA) _____

Date and Place of Birth: _____ SS#: _____

Father's full name: _____

Address: _____

Occupation: _____

Dates attended Northern: _____

and/or

Mother's full name: _____

Address: _____

Occupation: _____

Dates attended Northern: _____

Major Course of Study at Northern: _____

Other schools/colleges attended and degrees earned: _____

School and/or community involvement (use an additional sheet of necessary):

"I have a current Financial Aid form on file in the Financial Aid Office and I, _____, hereby authorize the Financial Aid Office at MSU-Northern to supply the necessary Needs Assessment information to the Alumni Scholarship Committee for their review in connection with my scholarship application.

Student Signature

Date