

## **NORTHERN ALUMNI ASSOCIATION KEITH CLAWSON MEMORIAL SINGLE PARENT 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. STUDENT MUST BE A SINGLE PARENT with a child or children residing in his/her household.
2. Incoming and/or continuing students are eligible.
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 high school and/or college transcript, or GED equivalent.
6. Attach 500 word essay explaining why you are attending Northern and your career goal(s).
7. Attach a letter of recommendation from anyone other than a family member.
8. Please indicate your financial need circumstances and whether you have Financial Aid and Admissions applications on file with appropriate offices at MSU-Northern.

**NORTHERN ALUMNI ASSOCIATION  
KEITH CLAWSON MEMORIAL SINGLE PARENT  
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#: \_\_\_\_\_

Names and ages of dependents: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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