NORTHERN ALUMNI FOUNDATION
KEITH CLAWSON MEMORIAL
SINGLE PARENT SCHOLARSHIP

A Scholarship for a student who will be attending MSUN full time during the next academic school year. Granted by the Northern Alumni Foundation and presented during the annual MSU-Northern Awards Ceremony.

DEADLINE: February 7, 2020
Complete back page and submit with attachments to:

Northern Alumni Foundation
Attn: Scholarship Committee
Cowan Hall 305
P.O. Box 1691
Havre, MT  59501
406-265-3711

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 a 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 FOUNDATION
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: ____________________________

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 ___________________________