

# **NORTHERN ALUMNI FOUNDATION KEITH CLAWSON MEMORIAL NON-TRADITIONAL STUDENT SCHOLARSHIP**

A \$750 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 8, 2019**

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 21 years of age or older.
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 the appropriate offices at MSU-Northern.

**NORTHERN ALUMNI FOUNDATION  
KEITH CLAWSON MEMORIAL NON-TRADITIONAL 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: \_\_\_\_\_

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.

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Student Signature

Date