

Dr. W. A. & Gail Rader Memorial Scholarship

A scholarship for a student who will be attending MSU-Northern full time during the academic year. Granted by the Dr. W. A. & Gail Rader Endowment Fund and presented during the annual Scholarship Awards Ceremony.

DEADLINE: March 1, 2024

Complete back page and submit with attachments to:

MSU-Northern Foundation
Cowan Hall Room 307
Or mail to:
MSU-Northern Foundation
P.O. Box 1691
Havre, MT 59501

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. **Complete application (on following page)**
5. **List past and/or present school and/or community involvement.**
6. **Attach high school and/or college transcript, or GED equivalent.**
7. **Attach a 500-word essay explaining why you are attending Northern and your career goal(s).**
8. **Attach a letter of recommendation from anyone other than a family member**
9. **Please indicate your financial need circumstances and whether you have Financial Aid and Admissions applications on file with the appropriate offices at MSU-Northern.**

Dr. W. A. & Gail Rader Scholarship Application Form

Applicant's Full Name: _____ Age: _____

Address: _____ Phone #: _____

Permanent Home Address: _____

High School: _____

College Grade Point Average (GPA) _____

Date and Place of Birth: _____

Major Course of Study at MSU-N: _____

Other schools/college attended and degree earned:

School and/or community involvement (use an additional sheet if 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 Scholarship Committee for their review in connection with my scholarship application.

Student Signature

Date: