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: February 1, 2027

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
OR Email to: foundation@msun.edu

1. Incoming and/or continuing students are eligible.
2. Must enroll as a full-time student (12 or more credits).
3. **Complete application (on following page)**
4. List past and/or present school and/or community involvement.
5. Attach an Unofficial 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.

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

Applicant's Full Name: _____

Address: _____

Phone #: _____

Email: _____

Permanent Home Address: _____

High School: _____

Grade Point Average (GPA) _____

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: