P.E.O Montana Chapter V
Martha Kuhr
Living Memorial Nursing Scholarship

A scholarship for a nursing student who will be attending MSUN full time during the academic year. Supported by gifts and funds from members of P.E.O. Chapter V Montana. The scholarship is awarded in equal amounts over Fall and Spring semesters.

DEADLINE: **February 1, 2027**

Complete back page and submit with attachments to:

MSU-Northern Foundation
P.O. Box 1691
Havre, MT 59501

Or **Email:** foundation@msun.edu OR drop off at the
Foundation Office, Cowan Hall, Room 307

1. Preference is given to an applicant who is a relative of a member of P.E.O. Chapter V-Havre, followed by any other P.E.O. Chapter. Preference to member of AAUW.

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 an Unofficial 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.**

P.E.O Chapter V - Martha Kuhr Scholarship Application

Personal Information

Applicant's Full Name: _____

Address: _____ Phone #: _____

Permanent Home Address: _____

High School: _____

College Grade Point Average (GPA) _____

Place of Birth: _____

Intended Major at MSUN: _____

Name and Relation to Applicant of P.E.O. member (if applicable):

_____

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. Further, I permit the release of my academic and biographical information to the P.E.O. Chapter V selection committee in order to be considered for the scholarship. I understand that any potential scholarship(s) I receive may be dependent on the academic programs I select, the status maintained and the information that is provided on this application. I certify by my signature that any information I provide is truthful and complete.

_____

Student Signature Date: