Patti Fisher Memorial Nursing Scholarship
MSU-Northern

Name:_____

Address:_____

County:_____ High School:_____

Email: _____

Semester in Nursing School:_____

GPA:_____(Must be at least 2.75)

Nursing or Medical experience:_____

_____

1. **Preference given to applicants from Phillips or Valley County if available.**
2. **Must be accepted into the Nursing Program.**
3. **GPA must be 2.75 or higher. (Include Unofficial Transcript.)**
4. **Essay explaining why you chose to become a nurse.**
5. **Include one letter of reference.**

Please return completed application as well as supporting documents to the MSU-Northern Foundation Office: Cowan Hall, Room 307 or Email to: foundation@msun.edu by **February 1, 2027**.

Or can mail to:
MSU-Northern Foundation
PO Box 1691
Havre, MT 59501