

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

A scholarship for a female 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, 2025**

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. First preference is given to a relative of members of P.E.O. Chapter V, followed by any sisterhood relative.
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.**

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

### Personal Information

Applicant's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

High School: \_\_\_\_\_

College Grade Point Average (GPA) \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Intended Major at MSUN: \_\_\_\_\_

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: