



**The Woman's Board of Youngstown Scholarship Fund**  
A Component Fund of the Community Foundation of the Mahoning Valley

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

College/University Attending \_\_\_\_\_

Major \_\_\_\_\_ Degree Pursuing \_\_\_\_\_

Full or Part Time Student \_\_\_\_\_ Anticipated Graduation Date \_\_\_\_\_

Estimated Tuition Expenses for Upcoming Year \$ \_\_\_\_\_

**Please TYPE responses in a separate document for each of the following. Each response should be 500 words or less.**

1. Please tell us why you are pursuing your current nursing degree.
2. How would this scholarship benefit you?
3. List scholastic honors or awards you have earned.
4. List additional grant, loan or scholarship amounts you have received.

**In addition, please submit the following:**

1. A copy of your most recent transcript.
2. A resume including work experience and volunteer activities.
3. Two reference letters. References may be professional, academic or personal, with no more than one reference from each category. References cannot be a relative of the applicant.

**Applicant Signature:** In signing this application, I certify that the information given is complete and correct to the best of my knowledge.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Completed applications must be submitted by mail or email to  
the Community Foundation no later than **March 1, 2018**.  
201 E Commerce Street, Suite 150, Youngstown, OH 44503 or [ckrell@cfmv.org](mailto:ckrell@cfmv.org)