



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 \$ _____ Current GPA _____

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, 2019**.
201 E Commerce Street, Suite 150, Youngstown, OH 44503 or ckrell@cfmv.org