



Junior League of Youngstown Scholarship Application

A female, undergraduate or graduate student, attending full or part-time. Must reside in the tri-county area. Preference to a student who is making a difference in the community.

Name: _____ Race/Ethnicity: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

Phone Number: _____ E-mail: _____ Student ID#: Y00: _____

Name of High School: _____ GPA: _____ ACT/SAT Score: _____

College Major: _____ GPA: _____ Hours Completed: _____

Intended YSU Graduation Date: _____ Attending Full or Part Time: _____

FAFSA form completed: Yes or No

Participation in clubs, organizations, and extracurricular activities:

Community/Volunteer Service:

Work Experience:

Provide an essay explaining the importance of making a difference in your community.

Student's Signature: _____ Date: _____

***By signing this application, I agree to the release of financial, as well as, academic information to representatives of the above identified scholarship and YSU Foundation**

Deadline to apply: Feb 1st

Return application to: **YSU Foundation, 655 Wick Ave, Youngstown, Ohio, 44555**

Phone: 330-941-3156; Fax 330-941-1488