



Youngstown State University

Mahoning Valley Powers

Scholarship Application / Nomination

This application must be received by Feb. 9, 2024 to:
Youngstown State University
ATTN: Gina McHenry
Office of Financial Aid & Scholarships
One Tressel Way
Youngstown, OH 44555

Applicant Section:

Home Phone (____) _____

Name _____ Banner ID: _____

Address _____

(Number and Street)

(City)

(County)

(State)

(Zip)

Have you applied for admission to Youngstown State University? Yes__ No__

Will you complete the Free Application for Federal Student Aid? Yes__ No__

Are you receiving any other scholarships? Yes__ No__

If yes, list _____

In signing this application, I agree to the release of financial as well as academic information to representatives of the Powers Trust.

Signature of Applicant _____ **Date** _____



★ **High School Section: (please print)**

★ School Counselor _____ Phone _____

★ Name of High School _____

★ **Statement of Recommendation** _____

★ _____

★ _____

★ _____

★ **Signature of Counselor** _____ **Date** _____

