



**Mahoning Valley Historical Society  
My Town, Your Town, Youngstown  
2018 Summer Day Camp  
July 9 - 13**

**Scholarship Application Form**

Participant Name \_\_\_\_\_ M/F (Circle)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

Phone \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Completed as of June 2018 \_\_\_\_\_

Parents'/Guardians' Names \_\_\_\_\_

**Has your child/student attended a MVHS Summer Camp program before?**                      Yes                      No

**Please explain why your child/student would like to attend our My Town, Your Town, Youngstown Camp.**

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**Please explain how this scholarship would benefit your child/student.**

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**Please Return to:  
MVHS  
C/O Traci Manning  
648 Wick Avenue  
Youngstown, OH 44502**

Please call 330-743-2589 ext. 121 or e-mail [education@mahoninghistory.org](mailto:education@mahoninghistory.org)  
for more information.