

# The Jody Loudenslager Scholarship

**Please print all information**

Applicant's Name \_\_\_\_\_ Sex: M \_\_\_\_\_  
 Last First Middle F \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Number/Street City/State Zip Code

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_\_

Parent Information \_\_\_\_\_  
 Name of Parent or Guardian

Scholastic and Financial Information	You must furnish the selection committee with a copy of your SAT or ACT scores, or current GPA. You must also provide the necessary financial need information. You must forward a copy of the "Estimate of Family Contributions" found on the Free Application for Federal Student Aid (FAFSA) form. (The EFC number (Estimate of Family Contributions) is found on the upper right-hand corner of the FAFSA form when it is returned to you. We only need a copy of the front page of the FAFSA form.)
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Application Deadline	This application, along with scholastic and financial need information, must be sent to the address below by May 7, 2018.
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\_\_\_\_\_  
 Name of High School

Are you a senior in high school? Yes \_\_\_\_\_ No \_\_\_\_\_

Student Attended PREA Youth Tour (year) \_\_\_\_\_

\_\_\_\_\_  
 Graduation Date

Cooperative Information \_\_\_\_\_  
 Name of Cooperative

My parent(s) or legal guardian(s) is/are: Member \_\_\_\_\_ Employee \_\_\_\_\_

X \_\_\_\_\_  
 Applicant's Signature Date

X \_\_\_\_\_  
 Signature of Parent or Guardian if student is under 18 Date

Mail to:  
 PREA Scholarship Trust Fund  
 P.O. Box 1266  
 Harrisburg, PA 17108  
 717.233.5704

Or email application and attachments to:  
 Scholarships@prea.com