

The Jody Loudenslager Scholarship

Please print all information

Applicant's Name Last First Middle Sex: M
 F

Mailing Address Number/Street City/State ZIP Code

Email Address

Date of Birth / / Phone ()

Parent Information Name of Parent or Guardian

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|------------------------|--|
| Scholastic Information | You must furnish the selection committee with a copy of your transcript and SAT or ACT scores (if applicable). |
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| Application Deadline | This application, along with all other required information, must be sent to the address below by May 4, 2026. |
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Name of High School

Are you a senior in high school? Yes ed No

Selected 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

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

Questions: Please email Steph at email above or call 717.982.1455