Pennsylvania Rural Electric Association Scholarship Trust Fund in Memory of William F. Matson

Please print all information

Applicant's						Sex:	М
Name	Last	First			Middle		F
Mailing Address	Number/Stree	t	(City/State		ZIP Co	de
Email Address							
Date of Birth			Phone ())			
Parent Information	Name of Pare	nt or Guardian					
Scholastic Information	You n applic	nust furnish the selection con cable).	mmittee v	with a copy of	your transcript and S	SAT or ACT so	cores (if
Application Deadline	This application, along with scholastic and financial need information, must be sent to the below by May 5, 2025.					sent to the ad	dress
	Name of High School						
	Are you a sen	ior in high school?	Yes	No			
	Graduation Date						
Cooperative Information	Name of Coop	erative					
	My parent(s) o	or legal guardian(s) is/are:	Member		Employee		
x							
Applicant's Signature					Date		
X Signature of P	arent or Guardia	n if Student is Under 18			Date		
Mail to: PREA Scholarship Trust Fund					Or email application and attachments to: Stephanie_Okuniewski@prea.com		
P.O. Box 1266 Harrisburg, PA 17108					Questions: Please email Steph at email above or call 717.982.1455		