

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 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 scholastic and financial need information, must be sent to the address below by May 5, 2025.
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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