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

## Please print all information

Applicant's						Sex:	Μ
Name	Last	First			Middle		F
Mailing Address	Number/Street		(	City/State		ZIP Co	de
Email Address							
Date of Birth	/		Phone (	)			
Parent Information	Name of Parent or Gu	ıardian					
Scholastic and Financial Information	provide the r Family Contr EFC number	rnish the selection c necessary financial ibutions" found on (Estimate of Family when it is returned t	need inform the Free Ap Contribution	nation. You m oplication for I ons) is found	ust forward a copy Federal Student Aid on the upper right-	<pre>v of the "Estimate d (FAFSA) form. ( hand corner of the</pre>	e of The Ie
Application Deadline	This application, along with scholastic and financial need information, must be sent to the address below by May 7, 2021.						
	Name of High School						
	Are you a senior in high school? Yes No						
	Graduation Date						
Cooperative Information	Name of Cooperative         My parent(s) or legal guardian(s) is/are:       Member       Employee						
x							
Applicant's Sig	nature				Date		
X Signature of Pa	rent or Guardian if stu	dent is under 18			Date		
Mail to: PREA Scholars P.O. Box 1266 Harrisburg, PA 717.233.5704	-				nail application and arships@prea.com		: