

## JODY LEA LOUDENSLAGER SCHOLARSHIP FUND

*This scholarship is given in memory of Jody Lea Loudenslager,  
a Montoursville High School Student who lost her life in the 1996 Flight 800 Tragedy.*

### Application Guidelines

**Purpose:** The purpose of the Fund shall be to provide scholarships from the Fund's income to benefit the employees of Glenn O. Hawbaker, Inc. or their children.

**Application Criteria:** Applicant must be a current Glenn O. Hawbaker, Inc. employee, or a child of a current Glenn O. Hawbaker, Inc. employee.

**Application Process:** An application with these guidelines can be obtained from our website, [www.fcfp.org](http://www.fcfp.org), or by contacting the Community Foundation, at (570) 321-1500.

All applicants must:

- Submit a completed application form (*applicants should be sure to include dates of service for community service activities*).
- Attach a cover letter not to exceed two pages outlining why he or she is applying for the scholarship and summarizing his/her ultimate career objectives.
- Provide at least one letter of reference.
- Provide high school or college transcripts.
- Provide a copy of his/her completed Free Application for Federal Student Aid (FAFSA) form.
- Provide proof that he or she has been accepted to a qualified two- or four-year college/university.

**Application Deadline & Address:** Applications and requested materials are to be returned no later than **April 15** to the Williamsport Lycoming Community Foundation, 330 Pine Street, Suite 401, Williamsport, PA 17701.

**Scholarship Selection Process:** The Williamsport Lycoming Community Foundation Scholarship Selection Committee will select scholarship recipients.

Applicants will be ranked using four selection criteria that will be weighted as follows:

- 35% on demonstrated history of academic success
- 35% on community service
- 15% on potential for educational success
- 15% on financial need

**Scholarship Awards Disbursement:** One (1) scholarship will be awarded annually. Scholarship award payments will be paid directly to the college or university where the recipient will be attending.

**JODY LEA LOUDENSLAGER SCHOLARSHIP FUND**

Complete the application, providing as much detail as possible.

NAME CIRCLE ONE (MS. / MR.) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PARENTS' HOME PHONE \_\_\_\_\_ PARENTS' CELL PHONE \_\_\_\_\_ PARENTS' E-MAIL \_\_\_\_\_

AREA OF STUDY \_\_\_\_\_

**I am a Glenn O. Hawbaker: EMPLOYEE / CHILD OF EMPLOYEE (*circle one*)**

1. List any community service activities in which you have been involved and the dates of service (attach separate sheet if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name and address of college where accepted. Please provide proof of acceptance into a full-time undergraduate program at an accredited institution (college/university).

\_\_\_\_\_  
\_\_\_\_\_

Latest total gross annual family income \$ \_\_\_\_\_

Amount of anticipated family support for your first year of college/university education \$ \_\_\_\_\_

Amount of financial aid from sources other than family to be applied to your first year college/university expenses (I.E. grants, loans, Job, other partial scholarships, etc.) \$ \_\_\_\_\_

Estimate of your total first year college/university expenses \$ \_\_\_\_\_

**A copy of your FASFA Form must be included with your application.**

4. Include a cover letter, not to exceed two pages, outlining why you are applying for this scholarship and summarizing your ultimate career objectives.
5. Include a copy of your high school transcript if a graduating senior, or college transcript if a continuing college student.
6. Include one letter of reference.

Financial Information/Certification  
**\*Signatures are required\***

I hereby affirm that the information on this form is true and complete to the best of my knowledge. I am aware of the conditions under which the awards are made and promise to inform the Williamsport Lycoming Community Foundation of any change in circumstances.

I understand that tax return forms provide information to be used in the consideration of finalists for awards made by the Williamsport Lycoming Community Foundation. The information submitted is held in strictest confidence.

I hereby authorize the Williamsport Lycoming Community Foundation to share this information with members of the Scholarship Committee.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**Return to:** The Williamsport Lycoming Community Foundation by **April 15**  
330 Pine Street, Suite 401  
Williamsport, PA 17701

**Questions:** Contact the Hawbaker Administration Officer  
or Betty Gilmour, Program Officer, at the Williamsport Lycoming Community Foundation  
Phone (570) 321-1500  
E-mail [bettyg@fcfpa.org](mailto:bettyg@fcfpa.org)