



SCHOLARSHIP APPLICATION

(PLEASE TYPE OR PRINT CLEARLY IN INK)

DIRECTIONS

Please carefully review the eligibility requirements for the *Lou & Lillian Padolf Foundation Scholarship* fund. An official transcript [including the last semester of High School Work] **MUST** be received prior to consideration of the application. If you are already attending college, a copy of your college transcript showing all work attempted to date must also be submitted. **Application and supporting documentation must be postmarked on or before June 1st to receive consideration. Official transcripts must be postmarked on or before June 20th.** Please do not hesitate to use additional pages to elaborate or explain any items that you feel would aid the committee in reviewing your application. You are also encouraged to include letters of recommendation from teachers, advisors, neighbors, friends, etc.

LOU AND LILLIAN PADOLF FOUNDATION

Annual Award amounts generally range from \$500 - \$2,100. **Funds are awarded to Graduates from a Pinellas County High School in the top 25% of their class. The student must reside North of Walsingham Road and South of Klosterman Road in Pinellas County. Graduates must attend a fully accredited College/University in the State of Florida and maintain "full-time" status.** Awards are only for undergraduate work and are renewable at the discretion of the Awarding Committee for up to a total of four years.

Name		Phone Number		Date of birth	
Street Address		City		State & Zip	
Email Address		Social Security Number or Student ID (College)		Marital Status	
High School Graduated From	Graduation Date	Current Class Status (i.e., High School Sr, College Freshman, etc.)	Class Rank (i.e., 1/150)		
College you plan to attend		Intended College Major			
List any other Scholarships (including amounts) that you expect to receive.					
What Special Recognition, Honors and Awards have you received?					

Please list your Social, Fraternal, Academic and Civic Organization Affiliations, Sports Activities, Hobbies, etc.

FAMILY HISTORY

FATHER

Name		Age	Living () Deceased ()	Marital Status
Street Address		City	State	Zip
Employer	Type of Work		Position & Length of Service	

MOTHER

Name		Age	Living () Deceased ()	Marital Status
Street Address		City	State	Zip
Employer	Type of Work		Position & Length of Service	

Other than yourself and your natural parents, please list all members of your immediate household. If your parents are divorced and your household includes a Stepfather or Stepmother, please be sure to include them as well. Please also include any brothers and/or sisters who are currently at college.

Name	Age	Relationship to Applicant

FINANCIAL HISTORY

INCOME

Please list all anticipated family income for upcoming year.	Parents	Applicant
Gross Wages & Salaries		
Investment Income		
Social Security, Pensions, Welfare, Trusts, Annuities, etc.		
TOTAL GROSS INCOME		
LESS: Income Tax		
NET AVAILABLE INCOME		

ASSETS & LIABILITIES

Please provide a brief summary of Family Assets and Liabilities	Parents	Applicant
Bank Accounts (Checking, Savings, CDs, etc)		
Stocks, Bonds & Other Securities		
Business Interests & Other Investments (Please Itemize and Describe)		
Investment – Real Estate Current Value		
Investment – Real Estate Unpaid Mortgage		
Home Current Value		
Home Unpaid Mortgage		
Indebtedness other than Real Estate Mortgages		

EDUCATIONAL EXPENSES

Please itemize your anticipated College Expenses for the upcoming year in the left column, below. In the right column, please outline the resources from which you expect to get funds to pay these expenses. YOUR RESOURCES SHOULD AT LEAST EQUAL YOUR EXPENSES.			
Tuition, Fees, Books and Supplies		Earnings during School Year and/or Summer, Personal Savings, etc.	
Room and Board		Contributions from Parents, Relatives and Others	
Transportation, Clothing, Personal & Misc.		Other Sources (Please itemize on a separate page)	
Other (Please itemize & explain)		Amount that you expect to receive from the Ott and/or Padolf Foundation	
TOTAL EXPENSES		TOTAL RESOURCES	

Please complete and sign the application and return it to our office at the address below. Include all letters of recommendation and any necessary separate pages to explain or itemize all pertinent information. **All applications must be postmarked no later than June 1st and official transcripts must be postmarked on or before June 20th.**

SIGNED: _____

DATE: _____

REGIONS PRIVATE WEALTH MANAGEMENT
 Attn: Elizabeth Tabbert
 4128 W. Kennedy Blvd, Suite 200
 Tampa, FL 33609
 Phone: (813) 639-3341
 FAX: (813) 462-5786

For Office Use Only	
Date Received	
Date Postmarked	