

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 - \$1,500. Funds are awarded to a Graduate 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. Graduate must attend a fully accredited College/University in the State of Florida. 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)	Marita	Status
High School Graduated From	Graduation Date	Current Class Status (i.e., High Sch College Freshman, etc.)	nool Sr,	Class Rank (i.e., 1/150)
College you plan to attend		Intended College Major		
List any other Scholarships (including				
What Special Recognition, Honors and	Awards have you rec	eived?		



Ni Carana	PRIVATE WE				
Please list your Social, Fraternal, Academ	nc and Civic Organi	zation Affiliatio	ons, Sports A	ctivities, Ho	bbies, etc.
	FAMILY H	ISTORY			
FATHER		201011			
Name		Age	Liv	ring ()	Marital Status
			De	ceased ()	
Street Address		City	Star	te	Zip
Employer	Type of Work			Position &	Length of Service
Employer	Type of Work			1 Osttion &	bengui of Service
MOTHER					
Name		Age	Liv	ring ()	Marital Status
				ceased ()	
Street Address		City	Sta	te	Zip
Employer	Type of Work			Position &	Length of Service
	3,72 32 311				
Other than yourself and your natural parents, p	lease list all members	of your immediate	household.	f your parents	are divorced and
your household includes a Stepfather or Stepm	other, please be sure to	include them as	well. Please a	ilso include an	y brothers and/or
sisters who are currently at college. Name		Age	Rel	ationship to A	pplicant
		1.5	1.00	anoning to 1	PP
	FINANCIAL	HISTORY			
INCOME	THANCIAL	mstoki			
Please list all anticipated family income					
for upcoming year.	Parer	nts		Appli	cant
Gross Wages & Salaries					
Instrument Instrum					
Investment Income			-		
Social Security, Pensions, Welfare, Trusts, Annuities, etc.					
monarc, musts, Amunics, etc.					
TOTAL GROSS INCOME					
TOTAL GROOD 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: Donna Brewer

4128 W. Kennedy Blvd, Suite 200

Tampa, FL 33609

Phone: (813) 639-3404 FAX: (813) 462-5786

For Office Use Only		
Date Received		
Date Postmarked		