



Cole Fowler Memorial Scholarship By the Pineapple Willy's Foundation, Inc.

2024 - 2025

Complete all components of the application, including signing where required.
Incomplete applications will not be reviewed.

Application Deadline:

Submit applications and supporting materials by delivering a copy to a manager at the Pineapple Willy's restaurant at 9875 S. Thomas Dr. Please deliver the application and supporting materials in a sealed envelope that is addressed as follows:
Attention: Pineapple Willy's Foundation, Inc.

Applications must be submitted on or before **Friday September 6 at 6:00 pm central time.**

Late applications will not be reviewed.

Objectives:

The Pineapple Willy's Foundation, Inc. (the "Foundation") is proud to present the Cole Fowler Memorial Scholarship. Cole was valued employee of the Pineapple Willy's restaurant. If you ever visited the Pineapple Willy's bar, you likely encountered Cole and he probably brightened your day with his infectious humor and warm smile. To honor Cole's memory and continue his legacy of joy and dedication, we are proud to offer the Cole Fowler Memorial Scholarship. This scholarship aims to support deserving students pursuing professional growth who embody the same hardworking spirit and positive attitude that Cole brought to our community every day. We hope to inspire and assist the next generation of individuals who, like Cole, make a positive difference in the lives of those around them.

Selection Criteria:

Applicants must (i) work in Bay County, (ii) be a resident of Bay County, or (iii) be the dependent of someone who is a resident of or who works in Bay County.

The Foundation will consider and may give preference based upon a variety of additional factors when evaluating applications and making award decisions including, but not limited to:

- Whether the applicant is or intends to be employed in the hospitality industry or is the dependent of someone who is employed in the hospitality industry;
- The location of the applicant's program of education;

- The applicant’s educational and career goals;
- Whether the applicant has served in the military in any capacity;
- The applicant’s commitment to Bay County;
- The applicant’s financial need;
- The applicant’s academic merit, to the extent it reflects the level of dedication to the applicant’s educational goals; and
- The applicant’s personal statement.

Scholarship Details:

For a scholarship recipient, the Foundation may pay up to \$10,000.00 for education related expenses pertaining to the academic year running from August 2024 through July 2025. Education related expenses can include tuition, fees, books, supplies, equipment, tutorial assistance, and the like.

Scholarship award determinations will be made by the Foundation in its sole discretion and will, in most instances, be paid directly to the education institution or other third-party payee. If a scholarship recipient, prior to receiving this award, has made a payment to a third-party that the Foundation determines should be covered by this scholarship, the Foundation may, in its sole discretion, reimburse such expense with acceptable proof of payment by the recipient. Recipients must permit the Foundation to communicate with any third-party payees regarding the recipient, and any refunds, if any, must be made directly to the Foundation.

Provide the following information.

Identifying information:

1. What is your full name?

2. What is your date of birth?

3. What is your phone number?

4. What is your email address?

5. What is your current home address?

6. Identify the highest level of education attained by you as of the date of this application.

- J.D./M.D./Ph.D./Master’s
- Bachelor’s degree
- Associate degree
- Some college
- High school/GED
- Did not graduate from High school

7. Identify the highest level of education attained by any parent or guardian.

- J.D./M.D./Ph.D./Master's
- Bachelor's degree
- Associate degree
- Some college
- High school/GED
- Did not graduate from High school

8. Are you currently employed?
If yes, complete the following:

a. Where are you employed?

b. What is the average number of hours you work per week?

c. Briefly describe the responsibilities of your current job:

9. Are you a dependent of someone who is employed in the hospitality industry?

If yes, complete the following:

a. What is their name and where are they employed?

b. What is their job title?

10. If you would like us to consider any military service, volunteer activity, academic achievements, extracurricular involvements, prior work experience, or other activities, please list them below. [Attach an additional sheet, if necessary.]

Signatures:

15. Sign under each of the following statements to indicate your agreement to them.

I understand that, in conjunction with its review of my application for this scholarship, the Foundation will review the financial information and other information that has been provided to or gathered by the Foundation. I give my permission for this review by signing here.

Applicant Signature:

Signature of Parent or Guardian, if applicable:

I understand that, in conjunction with its review of my application for this scholarship or if I am selected to receive the scholarship, the Foundation may need to discuss my circumstances related to this scholarship with third-party payees and representatives of the educational or training program I have identified (collectively, “Relevant Third Parties”). I give my permission for these communications by signing below. In addition, I will sign additional documentation necessary to permit the Foundation to communicate and interact with Relevant Third Parties as may be needed for purposes of my participation as a scholarship recipient.

Applicant Signature:

Signature of Parent or Guardian, if applicable:

I understand that, if I am selected for this scholarship, I may be photographed, either individually or with other scholarship recipients for the purpose of providing information and advertising about this scholarship and the recipients of the scholarship.

I agree to be photographed and give the Foundation permission to use, reproduce, edit, and publish these photographs for informational and promotional purposes. I give my permission for this by signing here.

Applicant Signature:

Signature of Parent or Guardian, if applicable:

I certify that the information I have provided in this application and its attachments are true and accurate.

Applicant Signature:

Applicant printed name:

Date:

Signature of Parent or Guardian, if applicable:

Printed name of Parent or Guardian, if applicable:

Date: