



Pineapple Willy's Foundation, Inc. Scholarship Application 2025-2026

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

Step 1: Application Form

- Complete the online form via the QR code below or print and complete the form from pineapplegives.org.

Step 2: Gather Materials

- Prepare your personal statement and any other supporting documents.

Step 3: Submit Materials

- Place your personal statement, supporting documents, and (if applicable) the paper form in a manila envelope.
- Address the envelope to Pineapple Willy's Foundation, Inc.
- Seal the envelope and deliver it to a manager at:
Wicked Wheel Restaurant
10025 Hutchison Blvd, Panama City Beach, FL 32407

All materials must be submitted by 5:00 p.m. CT on June 26.



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.

Applicants must have specific plans to attend a college or trade school for the 2025-2026 academic year.

The Foundation will consider and may give preference based upon a variety of additional factors when evaluating application forms and supporting documents (each an “Application”) and making award decisions, including, but not limited to:

- Whether the applicant is employed in the hospitality industry or is a dependent of someone who is employed in the hospitality industry.
- The location of the applicant’s education program.
- 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 specific educational goals.

Scholarship Details:

For a scholarship recipient, the Foundation may pay up to \$10,000.00 for qualified educational expenses for the academic year from August 2025 through July 2026. Education-related expenses might include tuition, fees, books, supplies, equipment, etc.

The Foundation will make scholarship award determinations at its sole discretion. Awards will be paid directly to the educational institution or other third-party payee. If a scholarship recipient, before receiving this award, has made a payment to a third party 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.

1. Provide your first name.
2. Provide your last name
3. Provide your phone number.
4. Provide your email address (if you have one).

5. Provide your permanent home address.

6. Provide your current age. _____

7. Identify the highest level of education you attained as of this application's date.

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

8. Identify the highest level of education attained by any of your parents or guardians.

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

9. Are you currently employed?

- ☐ Yes
- ☐ No

10. If you are employed, where are you employed? _____

11. If you are employed, what is the average number of hours you work weekly? _____

12. If you are employed, briefly (in 500 words or less) describe the responsibilities of your current job.

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

- ☐ Yes
- ☐ No

14. If you are a dependent of someone employed in the hospitality industry, provide their name, place of employment, and job title.

15. Provide the name of the college, university, or trade school you will attend.

16. Provide the full name of the education or training program you plan to complete.

17. Indicate whether you will be attending school full-time or part-time.

- ☐ Full-Time
- ☐ Part-Time

18. When do you expect to complete the program?

19. Have you or will you receive any scholarships or grants for the upcoming school year?

- ☐ Yes
- ☐ No

20. If you have received or will receive any scholarships or grants for the upcoming school year, provide the name and amount of each such scholarship or grant.

21. **Supporting Documents:** Attach to this application form a copy of the following:

- **Required:** A personal statement of no more than one page that explains why you should receive this scholarship. Do not include your name.
- **Required:** A government-issued photo ID
- **Required:** Proof of Bay County residency (if not displayed on your ID)
- **Required:** A copy of the actual or estimated cost of attendance for the program you will be pursuing.
- **Optional:** A copy of your Student Aid Report (received by you if you submitted a Free Application for Federal Student Aid (FAFSA)). If you do not yet have your Student Aid Report for 2025-2026, you may submit your report from 2024-2025.
- **Optional:** A copy of your tax returns for the 2024 calendar year (or the tax returns of your parent(s) or guardian if you are a dependent). Please note that you do not need to submit tax returns if you submit a Student Aid Report.
- **Optional:** A copy of your transcript from your last program of education (e.g., high school transcript, transcript from your last semester of college, etc.)
- **Optional:** A resume or a list of prior military service, volunteer activity, academic achievements, extracurricular involvements, prior work experience, or other activities. Include relevant dates.

Signatures:

Sign under each of the following statements to indicate your agreement with them. A parent or guardian must sign for any applicants who are under 18.

I agree that my electronic signature, including a typed signature, will be treated the same as my original handwritten signature for all purposes related to this agreement.

Applicant Signature: _____

Signature of Parent or Guardian, if applicable: _____

I understand that, in reviewing my Application, 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: _____

In evaluating my Application, I understand that the Foundation may need to discuss my circumstances and the information I have provided in my Application to third parties (collectively, "Relevant Third Parties"). Relevant Third Parties could include, for example, the

schools, workplaces, or volunteer organizations I have listed in my Application. I give my permission for these communications by signing below.

Applicant Signature: _____

Signature of Parent or Guardian, if applicable: _____

I understand that if I am selected to receive a scholarship, the Foundation may need to discuss my circumstances related to the scholarship with representatives of the educational or training program I have identified or other Relevant Third Parties.

Applicant Signature: _____

Signature of Parent or Guardian, if applicable: _____

I understand that if I am selected for a scholarship, I may be photographed or recorded, either individually or with other scholarship recipients, to provide information and advertising about this scholarship and the recipients of the scholarship. I give the Foundation permission —without payment to me— to freely use, reproduce, edit, share, and publish any such photos or recordings in publications, websites, social media, or other materials to support the Foundation’s mission. I also agree that the Foundation may share basic information about me as a scholarship recipient, including my name, school, and program of study. I understand that this permission is permanent.

Applicant Signature: _____

Signature of Parent or Guardian, if applicable: _____

I certify that the information I have provided in this Application, including the application form and all supporting materials, is 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: _____