

# John B. and Brownie Young Scholarship Fund Change Form

*This form should be used to report changes in personal information and/or college transfers.*

**Student Information:** (student information **must** be completed on this form)

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name of high school \_\_\_\_\_

**College Information:**

Are you transferring or changing to another college? Yes / No

If yes, what is the name and address of your new college?

Fulltime \_\_\_\_\_ (12 credit hours or more) Parttime \_\_\_\_\_ (less than 12 credit hours)

Name of previous College \_\_\_\_\_

**Personal Information:** If there has been a change to any of the following information, please update the items that have changed.

Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Street address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-Mail \_\_\_\_\_

**IMPORTANT:**

**If you are changing schools, a new Financial Aid Award Statement must be completed by you before we can process your award. Please print a Financial Aid Award Statement from the website, complete the form and mail it to:**

John B. & Brownie Young Scholarship  
c/o BB&T Wealth Management Division  
100 West 3rd Street  
Owensboro, KY 42303

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

BB&T Wealth Management  
100 West 3rd Street  
Owensboro, KY 42303  
Phone (270) 688-7771 Fax (270) 688-7808

**John B. and Brownie Young Scholarship Fund  
Financial Aid Award Statement**

Student's Full Name (print): \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

I authorize the Student Financial Aid Office at \_\_\_\_\_  
(college or university)  
to provide the information requested on the back of this page to:

John B & Brownie Young Scholarship Program  
C/O BB&T Wealth Management  
100 West 3rd Street  
Owensboro, KY 42303

By this document, I hereby give representative s of the Student Financial Aid Office permission to discuss my academic records and my financial circumstances with representatives of BB&T Wealth Management. You should interpret this document as conforming to the provisions of the Family Educational Rights and Privacy Act of 1974.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if applicant is under 18 years of age) \_\_\_\_\_

Student Home Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ High School \_\_\_\_\_

**Student Financial Aid Office:**

**IMPORTANT**

**Place a copy of this document in my file so that it will be available if calls are received from BB&T.**