

To Be Completed by the Student Financial Aid Office

Do not substitute any other form for this one

This form must be filled out completely, signed, dated and returned by June 15th to BB&T Wealth, Attn: Debra Barany, 100 West 3rd Street, Owensboro, KY 42303. If any of the information changes after this form has been submitted, a revised and certified form must be submitted. Questions may be directed to Debra Barany at (270) 688-7771.

Student ID: _____ Student Full Name: _____

Name of College: _____

Fall & Spring

Average Cost of Attendance for a Student residing in KY

Tuition and Fees	\$ _____
Room and Board	\$ _____
Books and Supplies	\$__1,200.00__
Total Average Costs	\$ _____

Is the student Full time (12 credit hours) or Part time? **Full time** _____
Part time _____

Address Where Award Check Should Be Mailed:

_____ Telephone No. _____

_____ Fax No. _____

CERTIFICATION: The undersigned states that all of the information set forth above is true, correct and complete as of _____, 20___. Should there be any change in any of the information above, the undersigned will timely submit a revised and certified form.

FAO Name (Please Print) _____ Phone (____) _____

FAO Signature _____ Fax (____) _____