

# JOHN B. AND BROWNIE YOUNG MEMORIAL SCHOLARSHIP PROGRAM

## Introduction

The John B. and Brownie Young Memorial Fund was established in 1961 by Senator Gates F. Young to recognize deserving high school seniors graduating from high schools in the Owensboro, Daviess and McLean County public and parochial school districts. The principal purpose of the trust is to provide scholarships to first year students who are in the top one- third of their senior class. The scholarships are primarily intended for the first year of college, but may be and frequently are awarded for education beyond the freshman year.

BB&T Wealth Management acts as Trustee of the John B. and Brownie Young Memorial Fund. The trust is administered with the assistance of an Advisory Committee consisting of representatives from each of the school districts whose students may receive scholarships from the trust.

## Eligibility

To be eligible for a Young Memorial Fund Scholarship, a student must be a high school senior in the Owensboro Independent, Daviess County, McLean County, or Owensboro Catholic Diocese school districts, rank in the top one-third of their class at the end of the fall semester, **be unmarried**, and plan to attend an accredited nonprofit college, university, or vocational/technical school on a **full-time** basis (12 credit hours). **Students must remain unmarried and maintain full-time status during the award year (fall & spring college semesters) or the award will be forfeited.**

## Awards

Amounts awarded as scholarships can vary greatly. In determining the amount of the award, the Trustee and Advisory Committee consider all relevant factors, including but not limited to the estimated family contribution (EFC), which is generated when the FAFSA is filed, and the average cost of attendance for the college of their choice. Letters setting forth the amount of each scholarship award will be mailed to recipients in the summer.

## Application Procedure

Application packets will be available to eligible students in early spring of their senior year. **The deadline for returning the application to your Guidance Counselor is April 26. DEADLINES WILL BE STRICTLY ENFORCED.** It is strongly recommended that each applicant file the Free Application for Federal Student Aid (FAFSA) early in the year in order to be considered for a scholarship amount greater than the minimum award. **A copy of the Student Aid Report from the FAFSA website showing Estimated Family Contribution will be required to process your award and must be turned in with your application.**

## Payment of Funds

Checks will be made payable to and mailed to the college or university. The checks will be issued the first week in August and the first week in December.

## Questions should be directed to:

Martha F. Clark  
(270) 683-3272

Debra Barany  
BB&T Wealth  
100 West 3rd Street  
Owensboro, KY 42303  
Phone (270) 688-7771 Fax (270) 688-7808  
e-mail: dbarany@bbandt.com

# Scholarship Application

John B. and Brownie Young Memorial Scholarship Fund  
C/O BB&T Wealth  
100 West 3<sup>rd</sup> Street  
Owensboro, KY 42303

## Applicant Instructions:

1. Complete application as directed.
2. Attach copy of Student Aid Report from FAFSA website showing Estimated Family Contribution (EFC)
3. Return this application to your High School Counselor before April 26.

## Student Information:

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

Home Mailing Address \_\_\_\_\_ Apartment \_\_\_\_\_

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

Marital Status \_\_\_\_\_ Birth Date (MM/DD/YY) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail Address \_\_\_\_\_

I am a senior at \_\_\_\_\_ Year of High School Graduation \_\_\_\_\_

In the fall I plan to attend \_\_\_\_\_

**Estimated Family Contribution-** \_\_\_\_\_ **I have attached a copy of the Student Aid Report from the**  
(please mark one) **FAFSA website showing my Estimated Family Contribution**  
**(EFC)**  
\_\_\_\_\_ **I am in verification and will send to BB&T once it is complete**  
\_\_\_\_\_ **I am not completing the FAFSA**

I certify, to the best of my knowledge, the information on this application is complete and accurate. Falsification of any information will cause my disqualification from the scholarship.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Guidance Counselor Instructions:

1. Fill in boxes below with the requested academic information.
2. Sign Certification Statement below.
3. Return applications with FAFSA printout to the address above postmarked by May 1.

**Academic Information:** (to be completed by Guidance Counselor)

High School GPA		Class Rank		Class Size	
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Counselor Name \_\_\_\_\_ School Phone \_\_\_\_\_ School Fax \_\_\_\_\_

I certify that all information on this application is correct.

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date

BB&T Wealth Management  
100 West 3<sup>rd</sup> 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  
100 West 3<sup>rd</sup> Street  
Owensboro, KY 42303

By this document, I hereby give representatives 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 (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

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.**