

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
100 West 3rd 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. 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.