

**JOHN B AND BROWNIE YOUNG MEMORIAL FUND  
COST TO ATTEND**

**To Be Completed by the Student Financial Aid Officer**

Please complete this form in its entirety, sign, date and return by June 15<sup>th</sup> to Independence Bank Trust Department, Attn: Karen Taber, 2425 Frederica Street, Owensboro, KY 42301. Questions may be directed to Karen Taber at (270) 689-9861 ext. 701332, Fax (270) 689-9859 or e-mail ktaber@1776bank.com

Student ID: \_\_\_\_\_ Student Name: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Will the student attend full time (12 credit hours) or part time? F \_\_\_\_\_ P \_\_\_\_\_

**Fall & Spring Semesters**

If only 1 semester costs are given, please make note on this form

**Average Cost of Attendance for a Student Residing in Kentucky**

Tuition and Fees \$ \_\_\_\_\_

Room and Board \$ \_\_\_\_\_

Books and Fees \$ \_\_\_\_\_

Total Average Cost \$ \_\_\_\_\_

**Address Where Award Check Should Be Mailed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Telephone # \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_ Fax # \_\_\_\_\_

**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.

Financial Aid Officer Name (Please Print) \_\_\_\_\_

FAO Signature \_\_\_\_\_ Date \_\_\_\_\_