

**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: Andrea Crabtree, 100 West 3rd Street, Owensboro, KY 42303. If any information changes after this form has been submitted, a revised and certified form must be submitted. Questions may be directed to Andrea Crabtree at (270) 688-7771. Fax (270) 688-7808

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

Name of College: \_\_\_\_\_

**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 KY**

Tuition and Fees	\$ _____
Room and Board	\$ _____
Books and Supplies	\$ <u>1,200.00</u>
Total Average Costs	\$ _____

**Is the student anticipated to attend 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 (\_\_\_\_) \_\_\_\_\_