

Scholarship Application

John B. and Brownie Young Memorial Scholarship Fund
c/o BB&T Wealth
100 West 3rd 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 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. I also allow my high school to provide my anticipated KEES award amount to the John B & Brownie Young Scholarship.

Applicant's Signature _____ Date _____

Guidance Counselor Instructions:

1. Complete academic information requested below
2. Sign Certification Statement
3. Return application with FAFSA printout to the address above postmarked by May 1

Academic Information: (to be completed by Guidance Counselor)

High School	GPA	ACT Score	SAT Score

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 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 _____
(enter only 1 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 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.