

**John B and Brownie Young Memorial Fund
McLean County Renewal Scholarship Application**

c/o Independence Bank Trust Department
2425 Frederica Street, Owensboro KY 42303

Applicant Instructions:
<div style="border-left: 1px solid black; border-right: 1px solid black; padding: 5px;"><div>1. Complete all pages of this application as directed.</div><div>2. Return this application to Independence Bank Trust Department before May 1st.</div></div>

Student Information:

First Name _____ MI _____ Last Name _____

Home Mailing Address _____ Apartment # _____

City _____ State _____ ZIP _____ Phone # (____) _____ - _____

Marital Status _____ Birth Date (MM/DD/YY) _____ Social Security # _____ - _____ - _____

E-mail Address: _____

Estimated Family Contribution: (Please Select One)

☐ A copy of the Student Aid Report from the FAFSA website is included with this application.

☐ I am in verification and will send to Independence Bank Trust Department once complete.

☐ I am not completing the FAFSA

Year of graduation from McLean County High School: _____

College Information:

In the fall I plan to attend _____ **with a major in** _____

I will be a _____ **Freshman** _____ **Sophomore** _____ **Junior** _____ **Senior** _____ **Graduate Student**

Describe your future plans and how the John B and Brownie Young Scholarship has helped and/or will help you and your family to accomplish your goals. *(This section must be completed)*

--

Application Checklist

STUDENT: KEEP A COPY OF YOUR COMPLETED APPLICATION PACKET

- _____ I have completed my application
- _____ I have attached my transcript**
- _____ I have attached a copy of the Student Aid Report from the FAFSA website showing my Estimated Family Contribution (EFC)**
- _____ I have attached a copy of my Student Award Letter from my college**

****All attachments must be included to process your scholarship**

CERTIFICATION

I certify, to the best of my knowledge, that the information on this application is complete and accurate. Falsification of any information will result in my disqualification from the scholarship competition. I understand that it is my responsibility to return this complete application to Independence Bank Trust Department by the deadline listed on the application. Furthermore, I understand that if my application is not complete, or if I do not submit my application by the deadline, I may be disqualified from receiving the scholarship. Once received, this application becomes the property of Independence Bank Trust Department, the administrator of the scholarship.

Applicant's Signature _____ Date _____