

McLean County Renewal 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 all pages of this application as directed.
2. Return this application to BB&T before May 1.

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 _____

Estimated Family Contribution _____ **I completed and attached a copy of the Student Aid Report from the FAFSA website to this application**
(Please select one) _____ **I am in verification and will send to BB&T once complete**
_____ **I am not completing the FAFSA**

Are you a graduate of McLean County High School _____ **Yes** _____ **No**

Year of High School Graduation _____

College Information:

In the fall I plan to attend _____

with a major in _____

I will be a _____ Freshman _____ Sophomore _____ Junior _____ Senior

_____ Graduate School

Student's Full Name (Please Print) _____

Describe your future plans and how the John B and Brownie Young Scholarship helped and/or will help you and your family to accomplish those 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)**

****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 cause my disqualification from the scholarship competition. I understand that it is my responsibility to return this complete application to BB&T Wealth 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 BB&T Wealth, the administrator of the scholarship.

Applicant's
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 _____
(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 of Graduation _____

**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.