

John B. and Brownie Young Scholarship Fund Change Form

This form should be used to report changes in personal information and/or college transfers.

Student Information: (student information **must** be completed on this form)

First Name _____ MI _____ Last Name _____

Social Security # _____ - _____ - _____ Name of high school _____

College Information:

Are you transferring or changing to another college? Yes / No

If yes, what is the name and address of your new college?

Fulltime _____ (12 credit hours or more) Parttime _____ (less than 12 credit hours)

Name of previous College _____

Personal Information: If there has been a change to any of the following information, please update the items that have changed.

Name _____ Marital Status _____

Street address _____ Apartment _____

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

Home Phone # (____) _____ - _____ E-Mail _____

IMPORTANT:

If you are changing schools, a new Financial Aid Award Statement must be completed by you before we can process your award. Please print a Financial Aid Award Statement from the website, complete the form and mail it to:

John B. & Brownie Young Scholarship
c/o BB&T Wealth Management Division
230 Frederica Street, 4th Floor
Owensboro, KY 42301

Signature

Date

BB&T Wealth Management
230 Frederica Street
Owensboro, KY 42301
Phone (270) 688-7771 Fax (270) 688-7802

**John B. and Brownie Young Scholarship Fund
Financial Aid Award Statement**

Student and Parents: Please complete this side of this form. *The information on the back of this form is to be completed by the college financial aid office.*

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 Management
230 Frederica Street
Owensboro, KY 42301

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 (____) _____
Home Phone (____) _____

Date of Birth _____ 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.