BRIGHTEN YOUR FUTURE ESTABLISHED 1988 OVER 25 YEARS OF SERVICE TO LHS GRADUATES LAST-DOLLAR GRANT APPLICATION

PERSONAL INFORMATION

NAMELAST		
LAST	FIRST	M.I.
MFBIRTHDATE		
ADDRESSStreet/Road		Apt. #
CITY	STATE	ZIP
HOME PHONE NUMBER	CELL PHONE	E NUMBER
EMAIL ADDRESS YOU REGULARLY US	SE	
ALTERNATE EMAIL ADDRESS (if any)		
YEAR GRADUATED FROM LOGAN HIG	GH SCHOOL	
(BYF grants are available only to g	raduates of Logan High So	chool from 1988 and thereafter)
HAVE YOU PREVIOUSLY RECEIVED A IF YES, HOW MANY	BYF GRANT? YES N	NO
POST-SECONDARY INFORM	MATION	
INSTITUTION YOU PLAN TO ATTEND		
CITY/STATE/BRANCH CAMPUS		
WILL YOU BE LIVING AT HOME? YE	S NO	
CURRENT YEAR IN COLLEGE I	MAJOR OR PROPOSED	MAJOR
YEAR YOU EXPECT TO COMPLETE YOU Master's level education not eligible)	UR UNDERGRADUATE	PROGRAM
PARENTAL/GUARDIAN INF	FORMATION	
PARENT/GUARDIAN NAME		
ADDRESS		
CITY/STATE		
ZIP PHONE NUMBER		

ADDITIONAL INFORMATION

1. LIST ANY FINANCIAL AID THAT YOU HAVE ALREADY RECEIVED (SCHOLARSHIPS, GRANTS, WORK-STUDY, LOANS, ETC). FAILURE TO PROVIDE COMPLETE INFORMATION MAY JEOPARDIZE YOUR LAST-DOLLAR GRANT.

BY SIGNING THIS APPLICATION, THE UNDERSIGNED HEREBY ACKNOWLEDGES RECEIPT OF THE GUIDELINES AND AGREES TO ABIDE BY SUCH. THE UNDERSIGNED ALSO AGREES TO WAIVE ALL PERSONAL CLAIMS, CAUSES OF ACTION, OR DAMAGE AGAINST THE BRIGHTEN YOUR FUTURE PROGRAM, ITS BOARD OF TRUSTEES, EMPLOYEES, AND ASSOCIATES THEREOF, ARISING FROM OR GROWING OUT OF THEIR PARTICIPATION IN THE BRIGHTEN YOUR FUTURE PROGRAM. NOTE: IT IS YOUR OBLIGATION TO NOTIFY THE BRIGHTEN YOUR FUTURE OFFICE OF ANY CHANGES IN THE INFORMATION YOU HAVE GIVEN ON THIS APPLICATION.

APPLICANT'S SIGNATURE

DATE

PARENT'S SIGNATURE

DATE

Deadline for submission of application: <u>JULY 1</u>

Feel free to call, text, or email Nan Swinehart, Executive Director of BYF, 740-243-0216, to verify receipt of your application.