

**BRIGHTEN YOUR FUTURE**  
**Established 1988**  
**Last-Dollar Grant Application**  
brightenyourfuturelogan.org

**PERSONAL INFORMATION**

NAME \_\_\_\_\_  
LAST FIRST M.I.  
M \_\_\_\_\_ F \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
STREET/ROAD APT. #  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE NUMBER \_\_\_\_\_ CELL PHONE NUMBER \_\_\_\_\_  
EMAIL ADDRESS YOU REGULARLY USE \_\_\_\_\_  
ALTERNATE EMAIL ADDRESS (IF ANY) \_\_\_\_\_  
YEAR GRADUATED FROM LOGAN HIGH SCHOOL \_\_\_\_\_  
(BYF GRANTS ARE AVAILABLE ONLY TO GRADUATES OF LOGAN HIGH SCHOOL FROM 1988 AND THEREAFTER.)  
HAVE YOU PREVIOUSLY RECEIVED A BYF GRANT? YES ☐ NO ☐ IF YES, HOW MANY \_\_\_\_\_  
WILL YOU HAVE OTHER MEMBERS OF YOUR HOUSEHOLD IN COLLEGE NEXT YEAR. IF SO, WHO AND WHAT COLLEGE?  
\_\_\_\_\_

**POST-SECONDARY INFORMATION**

INSTITUTION YOU PLAN TO ATTEND \_\_\_\_\_  
CITY/STATE/BRANCH CAMPUS \_\_\_\_\_  
WILL YOU BE LIVING AT HOME? YES ☐ NO ☐  
CURRENT YEAR IN COLLEGE \_\_\_\_\_ MAJOR OR PROPOSED MAJOR \_\_\_\_\_  
YEAR YOU EXPECT TO COMPLETE YOUR UNDERGRADUATE PROGRAM \_\_\_\_\_ (MASTER'S LEVEL EDUCATION NOT ELIGIBLE)

**PARENT/GUARDIAN INFORMATION**

PARENT/GUARDIAN NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

**ADDITIONAL INFORMATION**

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

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**YOU MUST INCLUDE WITH THIS APPLICATION:**

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(Copies of the original forms will be accepted.)



- ☐ 1. Student Aid Report (from FAFSA) – only the page listing expected family contribution – EFC
- ☐ 2. Financial Award Letter from post-secondary institution
- ☐ 3. Most recent grade report
- ☐ 4. Completed BYF application
- ☐ 5. Proof of summer employment.

**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: JULY 1**

*Feel free to call, text or email Kim Norway, Executive Director of BYF, at (740) 707-6288 to verify receipt of your application.*

Mail application and documents to:

**BYF**  
**P. O. BOX 991**  
**LOGAN, OH 43138**

*or bring documents to the Logan High School main office and place in Kim Norway's, Brighten Your Future mailbox.*

Name \_\_\_\_\_



## Scholarship and Grant Awards Amounts

Logan High School Scholarships Awards		
LOCAL SCHOLARSHIP NAME	1 year, 2, year, 4 year	AMOUNT PER YEAR
Eichel Scholarship		\$
Scholarship		\$
Scholarship		\$
Scholarship		\$
Scholarship		\$
Scholarship		\$
Scholarship		\$
<b>Total Local Scholarship Amount</b>		\$

College Grants and scholarships		
GRANT NAME	1 year, 2 year, 4 year	AMOUNT PER YEAR
Pell Grant		\$
Ohio Work Ready Grant		\$
Ohio College Opportunity Grant		\$
Federal Supplemental Educational		\$
TEACH Grant		\$
Second Chance Grant Program		\$
OHIO Excellence Awards		\$
Scholarship from OU		\$
Scholarship from OU		\$
Scholarship from OU		\$
<b>Total College gift aid</b>		\$

Work-study		
<b>Total work-study year</b>		\$

Loans		
Direct subsidized loan		\$
Direct unsubsidized loan		\$
PLUS loan		\$
Other/private loan		\$
Other/private loan		\$
<b>Total loans</b>		\$