



APPLICATION DUE JULY 1

Required Documents Checklist (Please return in the order below)

- 2026 Grant Calculation Worksheet (to be completed by Ms Norway)
- Completed BYF Application
- Student Aid Report (FAFSA)
- Financial Award Letter from College
- Proof of Summer Employment
- Most Recent Grade Report

How to Submit Your Application:

1. Return your completed application with all of the above to Logan High School. Kim Norway has a mailbox at Logan High School, or mail your application to:
2. Mail Your Application To:

Brighten Your Future
% Kim Norway
P. O. Box 991
Logan, Ohio 43138

NOTE: Please email or text Kim Norway that you have dropped off or mailed your application. Applications have been lost.

Kim Norway
Executive Director
knorway@lhsd.k12.oh.us
(740) 707-6288

Name _____



Brighten Your Future Last-Dollar Grant Application

Established 1988 Logan, Ohio

Personal Information

Name (Last, First, M.I.): _____ Birthdate: _____

Address: _____ City, _____ State _____, Zip: _____

Student Cell Phone: _____ Email: _____
(DO NOT USE YOUR LOGAN EMAIL)

Alternate Email: _____ Cell Phone: _____

Year Graduated from Logan High School: _____ Previously received BYF Grant? (Yes/No) If yes, how many: _____

Other household members in college next year (who/where):

1. _____

2. _____

3. _____

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: _____ Expected Graduation Year: _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Employment: _____ Salary: _____

Name _____

Parent/Guardian Information

Parent/Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____ Email: _____

Employment: _____ Salary: _____

Additional Information

Please list all financial aid received on the Scholarship and Grant Awards Amount page. This includes scholarships, grants, work-study, and loans. Be sure to include the name of each award, the amount, and whether it is awarded for more than one year. See the example below for reference.

Scholarship <i>Minnie Bowen</i>	1	\$500
Scholarship <i>Loryn Cassidy</i>	1	\$1000

Signatures

Applicant Name

Applicant Signature

Date: _____

Parent Name

Parent Signature

Date: _____

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		\$
Total Local Scholarship Amount		\$

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 (OCOG)		\$
Federal Supplemental Educational Opportunity Grant (SEOG)		\$
TEACH Grant		\$
Second Chance Grant Program		\$
OHIO Excellence Awards		\$
Scholarship from OU		\$
Scholarship from OU		\$
Scholarship from OU		\$
Total College gift aid		\$

Work-study		
Total work-study year		\$

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

BRIGHTEN YOUR FUTURE 2026 GRANT CALCULATION WORKSHEET

_____ Submission Summary (SAR) _____ Grades _____ Scholarship Information

_____ Award Letter _____ Job

SCHOOL ATTENDING _____ Major _____

_____ On Campus Housing _____ Commuting _____ Online

SCHOOL COST _____ + **\$16,000** or **\$8,500** \$ _____
(Tuition) *(resident)* *(commuter)*

RESOURCES
 Student Aid Index (SAI) *formerly EFC (Expected Family Contribution from FAFSA)* \$ _____

GIFT AID

Pell Grant \$ _____

OCOG State of Ohio Grant \$ _____

Misc. Grant \$ _____

Federal SEOG \$ _____

College/Institution \$ _____

Local *(Scholar's Night or other local awards)* \$ _____

These will be on your award letter.

(The amount the college or institution is giving you. May be a grant)

TOTAL GIFT AID \$ _____

TOTAL SAI *(formerly EFC)* **AND GIFT AID** *(Add SAI and Gift Aid together)* \$ _____

NEED *(Subtract Total SAI and Gift Aid from School Cost)* \$ _____

* **SELF HELP** (Every student is expected to have a summer job)

EXAMPLE OF DOCUMENTS NEEDED:

(Make sure your name shows on all documents)

FINANCIAL AID AWARD LETTER

Financial aid award letters are typically found in your college's student portal (under financial aid or student account tabs) or in your email inbox. Schools often send notifications to your school email account from March to May. You may also receive a paper copy via mail.

Financial Aid Award Summary COLLEGE FINANCING PLAN

Financial Aid Year 2025-2026

Select the term hyperlinks below to see more detailed information.

Award Year	Award Description	Category	Offered	Accepted	Loan Details
	Federal Pell Grant	Grant	7,395.00	7,395.00	
	Federal SEOG	Grant	350.00	350.00	
	EOP Grant	Grant	600.00	600.00	
	CAL Grant B	Grant	6,450.00	6,450.00	
	CAL Grant B Accs	Grant	1,648.00	1,648.00	
	Federal Work Study	Work/Study	4,000.00	0.00	
	Subsidized Loan 1	Loan	3,500.00	3,500.00	Loan Details
	Unsubsidized Loan 1	Loan	2,000.00	2,000.00	Loan Details
	Parent PLUS Loan 1	Loan	11,074.00	11,074.00	Loan Details
	ESTIMATED Middle Class Scholar	Grant	1,395.00	0.00	
	Aid Year Totals		38,412.00	33,017.00	

PROOF OF EMPLOYMENT

Paystub or Letter from employer

SMITH AND COMPANY, INC. 123 West Street Smalltown, CA 98765			
EMPLOYEE Johnson, Bob	SOCIAL SECURITY NO. XXX-XX-6789	PAY RATE 18.00 regular 27.00 overtime	PAY PERIOD 1/7/XX to 1/13/XX
EARNINGS	HOURS	AMOUNT	DEDUCTIONS
Regular	40.00	720.00	Federal W/H 60.45
Overtime	2.00	54.00	FICA 47.99
			Medicare 11.22
GROSS EARNINGS:		774.00	CA State W/H 10.04
TOTAL DEDUCTED:		213.29	CA State DI 6.19
NET EARNINGS:		560.71	401k 77.40
SICK LEAVE: 24.00 HOURS AVAILABLE			

Employment Verification Letter

[Company Letterhead]

[Company Name]
[Company Address]
[Date]

Subject: Employment Verification for [Employee's Full Name]

To Whom It May Concern,

The letter serves as a confirmation of employment for [Employee's Full Name], who has been employed at [Company Name] since [Start Date]. [Employee's Name] currently holds the position of [Job Title] in the [Department Name] and is set to complete their employment on [Last Working Day] following their resignation.

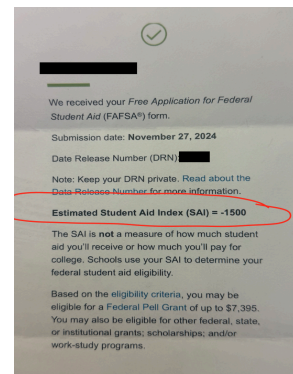
During their tenure, [Employee's Name] has been a dedicated and professional member of our team. While we regret their departure, we confirm their employment details for verification purposes by prospective employers.

Should you require further information, please do not hesitate to contact us at [HR Contact Information].

Sincerely,
[Your Name]
[Your Job Title]
[Company Name]

STUDENT AID INDEX (SAI)

Your Student Aid Index (SAI) is found on the FAFSA Submission Summary (FSS), which is generated after submitting your FAFSA form. You can view it by logging into your [StudentAid.gov](https://studentaid.gov) account, selecting your processed FAFSA under "My Activity," and checking the "Eligibility Overview" tab.



COLLEGE GRADES

Please make sure your college transcript shows both semesters and your overall GPA.

