

SCHOLARSHIP APPLICATION PACKET

Deadline: April 10, 2010

The Butterfly Project Fund, established in 2008, offers scholarships to different categories of individuals who reside in Fairfield County Connecticut and seek financial assistance to reach goals of higher education.

The three scholarships currently offered are:

Janis B. Hill W.I.S.D.O.M. Scholarship – *Women Impacting Society through Determination, Opportunity and Motivation.* Must be female and at least 30 years old.

S.M.I.L.E. Scholarship – *Single Mothers Improving Life through Education.* Must be female between the ages of 18 and 30.

PUR.P.O.S.E. Scholarship – *Pursuing the Path of Scholastic Excellence.* Can be male or female, and must be a senior in high school.

Eligibility Criteria:

Applicants must:

1. Complete high school or earn a G.E.D. by June of the award year.
2. Be accepted (or acceptance pending) or enrolled in an accredited 2- or 4-year college, university, or career/trade school.
3. Be in demonstrated need of financial assistance.
4. Be a Fairfield County Connecticut resident at the time of application and for at least one year prior to completing an application.
5. Submit an essay of not less than 500 words (see application for subject).
6. Additional eligibility criteria may apply depending on the award.

Return Completed Application to:
Butterfly Project Fund, Inc.
P.O. Box 2553
Stamford, CT 06906

Method of Selection:

A scholarship committee comprised of three (3) individuals will review and score each application. If the Scholarship Review Committee deems necessary, personal interviews may be required. Scholarship recipients will be chosen on the basis of the application and supporting materials (and personal interview, if deemed necessary). Scholarship recipients will be notified no later than May 15, 2010.

SCHOLARSHIP APPLICATION

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Please check the box next to the scholarship for which you are applying:

W.I.S.D.O.M. Award S.M.I.L.E. Award PUR.P.O.S.E. Award

Applicant Information:

Name _____

Address _____

City, State, Zip _____

Phone _____
(home) (cell)

Email Address _____

Date of Birth _____ Age (on June 30 of current award year) _____

The following information is optional and will be used for demographic purposes only:

- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Haitian/Jamaican | <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |

What will be your highest level of education completed as of June of the award year?
(please attach copy of latest transcript)

High School Diploma GED Some College

Are you a resident of Fairfield County Connecticut now, and have you been for at least one year prior to the date of this application? Yes No

Additional Information:

In addition to thoroughly completing the application, you must submit:

- Resume (*W.I.S.D.O.M. and S.M.I.L.E awards only*)
- Copy of latest federal tax return (*S.M.I.L.E. award only*)
- Proof of residency
- Two letters of recommendation from non-family members
- Transcript of latest grades.
- Essay of 500 – 750 words on “The Importance of Education”
- Any additional information about your individual background, goals, accomplishments, or other information that would help the Scholarship Review Committee evaluate your application.

NOTE: Butterfly Project Fund will not be responsible for returning materials to you.

College / University / Trade School:

	Choice #1	Choice #2
Enrollment Status*		
Name of School		
Mailing Address		
City, State, Zip Code		
Major / Vocation		
Tuition / Fees		
Other Expenses		
Total Expenses		

** Accepted / Application Pending / Full-time / Part-time*

Applicant Acknowledgement and Authorization

I acknowledge that I have read and understand the eligibility criteria and the method of selection regarding the Butterfly Project Fund Scholarships.

I further acknowledge that all information obtained from this application will be held in strict confidence to be used for the sole purpose of selecting the recipients of the scholarships.

I understand that if I am a recipient of a scholarship, I am giving Butterfly Project Fund my permission to use my name and photograph/likeness in its newsletters, brochures, publicity releases, videos, on its website or in any other display or presentation materials.

Signature _____

Date _____

For Scholarship Committee Use Only:	Date Received: _____