



BUTTERFLY PROJECT FUND, INC.

SCHOLARSHIP APPLICATION

Deadline: May 20th

The Butterfly Project Fund, established in 2008, offers scholarships based on eligibility to individuals who reside in Fairfield County Connecticut and seek financial assistance for 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 on *"The Importance of Education"*.
6. Additional eligibility criteria may apply depending on the award.

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 June 20th.

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

Check the box next to the scholarship for which you are applying:

- W.I.S.D.O.M. Scholarship
- S.M.I.L.E. Scholarship
- Pur.P.O.S.E. Scholarship

Applicant Information:

Name: _____

Address: _____

City, State Zip Code: _____

Email Address: _____

Phone: _____ Date of Birth: _____

What will be your highest level of education completed as of June of the award year?

- High School /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

College / University / Trade School:

Enrollment Status*: _____ Major: _____

Name: _____

Address of School: _____

City, State, Zip: _____

Phone: _____

Tuition/Fees / Other Costs: _____

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

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 scholarships only*)
- Copy of latest federal tax return (*S.M.I.L.E. scholarship 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 and/or 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.

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

Print Name

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: _____	For Scholarship Committee Use Only
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