



# BUTTERFLY PROJECT FUND, INC.

P.O. Box 2553  
Stamford, CT 06906

## SCHOLARSHIP APPLICATION

**Deadline: May 20<sup>th</sup>**

The Butterfly Project Fund, established in 2008, offers scholarships based on eligibility to individuals who seek financial assistance for higher education.

### **The 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 of age.

**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.

**pARTicipantS Scholarship** – Must have participated in at least one Butterfly Project Fund Event.

**Connecticut Covenant** – All funds available after the initial scholarships have been awarded (if applicable) will be awarded to applicants living in the State of Connecticut.

### **Eligibility Criteria:**

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 Connecticut resident at the time of application and for at least one year prior to completing an application (*applies to all scholarships except pARTicipantS scholarship*).
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 necessary). Scholarship recipients will be notified no later than June 20<sup>th</sup>.

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

*(All Connecticut applicants are automatically considered for the Connecticut Covenant Scholarship)*

- W.I.S.D.O.M. Scholarship
- S.M.I.L.E. Scholarship
- Pur.P.O.S.E. Scholarship
- pARTicipantS Scholarship
- Connecticut Covenant 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 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 of School: \_\_\_\_\_

Address of School: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Tuition / Fees / Other Costs: \_\_\_\_\_

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

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

**Additional Information:**

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

- Resume
- Copy of latest federal tax return (S.M.I.L.E. scholarship only) (cross out SSNs)
- Proof of residency
- Two letters of recommendation from non-family members
- Transcript of latest grades (*not necessary for W.I.S.D.O.M. scholarship*)
- 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**

1. I acknowledge that I have read and understand the eligibility criteria and the method of selection regarding the Butterfly Project Fund Scholarships.
2. 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.
3. 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"/> Haitian/Jamaican |
| <input type="checkbox"/> Asian            | <input type="checkbox"/> Hispanic/Latino  |
| <input type="checkbox"/> Caucasian        | <input type="checkbox"/> Other: _____     |

For Scholarship Committee Use Only: