

Chastity Corbett Youth Scholarship

Social Butterflies Foundation



2024-2025

College Scholarship Application

Applications must be postmarked by May 1, 2025, and mailed to:

Renee Valentine, Chair

Scholarship Committee

Social Butterflies Foundation

P. O Box 1652

Newport News, Virginia 23601

rvalentine@socialbutterfliesfoundation.org



**Chastity Corbett Youth Scholarship
Social Butterflies Foundation
2024-2025 Scholarship Application Form**

Application Check List*

Before sealing your package,

Please make sure all items listed below are included:

_____ Completed and signed scholarship application (signed by applicant and parent/guardian)

_____ Essay (1 page typed, narrative)

_____ Two typed letters of recommendations (family members are ineligible) signed and in a sealed envelope

_____ Official High School Transcript (with numerical G.P.A, official signature and sealed in official envelope from the school)

_____ Disclaimer for scholarship funds disbursement (signed by parent/guardian)

_____ Medical Release Form (signed by parent/guardian) submitted to Social Butterflies Foundation and to your doctor's office. In lieu of signing the release, you may send a pdf from MyChart.

_____ Copy of current year IRS 1040 form (may use last year's 1040 if this year is not available)

***If any of the above items are missing, it will result in an incomplete package, and the applicant will not be considered for an award.**

For additional information:

Renee Valentine, Chair

Scholarship Committee

rvalentine@socialbutterfliesfoundation.org



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Social Butterflies Foundation was founded by lupus survivor, Chastity Corbett. It is a grassroots organization dedicated to helping those battling lupus and fibromyalgia, as well as their families and caregivers. Our mission is to provide education, support services, and encouragement to empower and uplift those living with lupus and fibromyalgia to help them and their families face the challenges of these debilitating illnesses. Our vision is to make these invisible illnesses visible. Social Butterflies Foundation aims to provide youth battling lupus and/or fibromyalgia, as well as children of survivors, with college scholarship opportunities to help fulfill their aspirations. The Chastity Corbett Youth Scholarship is for graduating seniors who reside in and attend school in the state of Virginia. Applicants must attend an accredited college, university, or post-secondary institution in pursuit of a degree within one year of graduation. Applicants must have at least a 3.0 cumulative grade point average on a 4.0 scale to qualify for a scholarship award.

Social Butterflies Foundation established the Chastity Corbett Youth Scholarship in recognition of the dedication and fortitude of its founder. Chastity works tirelessly and humbly despite her health challenges and any obstacles before her to help fellow survivors and their families. She facilitates the support groups and spearheads all the awareness events year-round to advocate for lupus and fibromyalgia awareness. She is a true agent of change and a champion for the community. Chastity is affectionately known as “The Lupus Conqueror”. However, she is more than a conqueror, and she ensures that all survivors know that they are too. She created the phrase “Butterflies don’t let each other fly alone”, and she is determined to live up to that mantra.

Chastity is a child of God, wife, mother, grandmother, daughter, sister, aunt, and friend. She wears many hats, but she is dedicated to making these invisible illnesses visible.

This scholarship is to encourage lupus and/or fibromyalgia survivors or children of survivors to remember that “lupus and fibromyalgia are words not sentences”. Do not let them hold you back nor hinder you from chasing and achieving your aspirations. You can do anything that you set your mind to doing!



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This scholarship program is for graduating high school seniors only, who reside in Virginia. Incomplete applications will not be considered; however, the application may be copied.

- Applicants must be graduating seniors who reside in and attend a school in the state of Virginia. Applicants must attend an accredited college, university, or post-secondary institution in pursuit of a degree within one year of graduation.
- Applicants must have at least a 3.0 cumulative grade point average on a 4.0 scale to qualify for a scholarship award. Applicants are *required to submit an Official high school transcript with a numerical G.P.A and official signature, by the guidance counselor, and submitted in an official sealed envelope. Opened envelopes will not be accepted.*
- Applicants are *required to submit two typed letters of recommendation-signed and in a sealed envelope.* (Family members are excluded.)
- Parent/Guardian is *required to submit a current (or past year if current is not available) year IRS 1040 form and sign a Scholarship Funds Disbursement Disclaimer.*

Applicants are required to submit a typed 1-page narrative essay explaining why they are deserving of a scholarship and how the scholarship will assist them in achieving their goals.

The essay is an important part of the selection process. **The essay must be double-spaced, 12-point Times New Roman font, 1 page maximum, one-inch margin on all sides, name typed in the upper right-hand corner of the page.**

In reviewing the essays, the judges will consider the following criteria during the selection process:

- Creativity
- Correct use of grammar and punctuation
- Originality and quality of ideas presented
- Neatness
- Ability to adhere to presented topic(s)



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Student Profile:

Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address _____

Parent/Guardian Name _____

Parent/Guardian Address (if different from above) _____

Academic Profile:

High School Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Cumulative Grade Point Average (on a 4.0 scale) _____ Class Rank _____

Employment:

Are you currently employed? () YES () NO

If yes, Employer
Name _____

Position _____

Date of Hire _____ Average hours worked per week _____

Scholastic Achievements:(i.e., Honor Society)

Extra-Curricular Activities: (e.g., academic, church, volunteer, sports)

Collegiate Goals:

Please list in order of preference the top four colleges to which you have applied or plan to apply.

1. _____ 3. _____
2. _____ 4. _____

What course of study do you plan to pursue? _____

References – List Two:

A. Name: _____

Address: _____

Phone Number: _____

Email: _____

Relationship: _____

B. Name: _____

Address: _____

Phone Number: _____

Email: _____

Relationship: _____

**Acceptable references are teachers, guidance counselors, school administrators, coaches, employers, ministers, etc. Parents or relatives cannot be a reference.*

Financial Information
To be completed by parent(s)

Family Financial Information

Adjusted Gross Income of Parent(s)/Guardian(s) from IRS 1040: **(include a copy of current year's 1040 form, if available. You may include last year's 1040 form if current year's tax forms are not available).**

- Under \$30,000
- \$31,000 to \$50,000
- \$51,000 to \$75,000
- \$76,000 to \$100,000
- Over \$100,000

Total number of dependents stated on income tax form: _____

Medical Information
To be completed by parent(s)

The Chastity Corbett Youth Scholarship is for high school seniors who have been accepted to and plan to attend an accredited college, university, or post-secondary institution in pursuit of a degree within one year of graduation. The Chastity Corbett Youth Scholarship aims to provide youth battling with lupus and/or fibromyalgia, as well as children of survivors, with college scholarship opportunities. A lupus and/or fibromyalgia diagnosis must be verified by your healthcare provider. A medical release form is included in this scholarship package for you to complete and sign authorizing Social Butterflies Foundation to obtain the verification necessary to ensure your child qualifies for the scholarship opportunity.

In lieu of submitting a medical release form to your doctor's office, you may send a PDF from MyChart with the diagnosis. Still submit the medical release to us as part of your package.

Please answer the following questions:

1. Who has lupus and/or fibromyalgia?

Child/Scholarship Applicant

Parent _____

(Parent's Full Name)

2. Which illness does the individual have? Lupus Fibromyalgia

3. When was the individual diagnosed? _____

I attest that the information provided in this application is accurate to the best of my ability.

Applicant Signature _____

Parent Signature _____



Medical Release Form

To be completed by parent if child is the survivor and a minor under the age of 18 years old.

Date: _____

Patient Name: _____

Date of Birth: _____ Phone Number: _____

_____ Street Address: _____

_____ City: _____

_____ State: _____ Zip Code: _____

Physician Name: _____

Hospital Affiliation: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

I, _____, give Social Butterflies Foundation permission to contact the above physician to verify my/my child's illness.

Printed Name: _____

Signature: _____

Please refer to the checklist on page 1 before submitting the application

**Mail Complete Package to:
Renee Valentine, Chair
Scholarship Committee
Social Butterflies Foundation**



SCHOLARSHIP APPLICATION DISCLAIMER
AGREEMENT FOR DISBURSEMENT OF SCHOLARSHIP FUNDS

I, _____ (Parent/Guardian) acknowledge and understand that the scholarship awards received by the recipient will only be disbursed in a lump sum payment directly to the university/college identified by the applicant
(Applicant's Name) _____.

Scholarship Award must be claimed within one year from the date of award, or it will be forfeited. No exceptions.

The Social Butterflies Foundation will forward these funds to the appropriate institution upon receipt of an Official Enrollment Verification Form. The funds will then be placed in the student's account with the Financial Aid Office and/or Student Affairs Office.

I recognize and accept these conditions for the disbursement of any scholarship award my child may receive.

Parent/Guardian Signature

Date



INSTRUCTIONS TO BE GIVEN TO REFERENCES

Please have your references submit a typed letter of recommendation for you. These letters

should be addressed to Social Butterflies Foundation Scholarship Committee and include the following:

- **Name and address of reference**
- **Relationship to applicant (what capacity do you know the applicant)**
- **How long reference has known the applicant**
- **Information regarding why the applicant should receive the scholarship award**
- **Any known leadership abilities/capabilities**

Sign and place it in a sealed envelope with your signature across on the back before returning it to the applicant. Failure to include all the required information listed above will result in an incomplete packet and result in the applicant receiving a **lower score or making the application incomplete, thereby ineligible.**

