

Chastity Corbett Youth Scholarship

Social Butterflies Foundation



2025-2026

College Scholarship Application

Applications must be postmarked by May 1, 2026, and mailed to:

**Renee Valentine, Chair
Scholarship Committee
Social Butterflies Foundation
P. O. Box 1652
Newport News, Virginia 23601
rvalentine@mysbf.org**



**Chastity Corbett Youth Scholarship
Social Butterflies Foundation
2025-2026 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)

_____ HIPPA Release Form (signed by parent/guardian/patient) submitted to Social Butterflies Foundation and to your doctor's office. In lieu of submitting the release to your doctor's office, you may submit a letter from your doctor on their official letterhead confirming the patient's diagnosis. However, still submit the completed release to Social Butterflies Foundation.

_____ 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 or do not meet the specifications, 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@mvsbf.org**



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About the Scholarship

Social Butterflies Foundation, founded by lupus survivor Chastity Corbett, is a grassroots organization supporting those battling lupus and fibromyalgia, their families, and caregivers. Our mission is to educate, empower, and uplift those affected by these invisible illnesses.

The Chastity Corbett Youth Scholarship supports **Virginia graduating seniors** diagnosed with **lupus or fibromyalgia**, or those with a **biological parent or grandparent** diagnosed with either condition, who plan to pursue higher education in **Fall 2026**. Applicants must be accepted to an accredited institution, maintain a minimum **3.0 GPA**, and **demonstrate financial need** based on household income and family size.

Named for our founder, a tireless advocate known as “The Lupus Conqueror,” this scholarship honors resilience and encourages youth to rise above these illnesses. Inspired by Chastity’s mantra, “Butterflies don’t let each other fly alone,” the award reminds recipients that lupus and fibromyalgia are words—not sentences—and they can achieve their dreams.



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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 in the **Fall of 2026**.
- 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.) **Opened envelopes will not be accepted.**
- Applicants must demonstrate **financial need**. Financial need will be based on household income and family size
- 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 deserve 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 in the Fall of 2026. 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 letter from the doctor on their official letterhead in a sealed envelope. 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/Grandparent _____
(Parent /Grandparent'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



HIPAA AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION

Date: _____

- I. **THE PATIENT.** This form is for use when such authorization is required and complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Standards.

Patient's Name: _____

Date of Birth: _____

Social Security Number: _____

- II. **AUTHORIZATION.** I authorize _____
("Authorized Party") to use or disclose the following:

- My medical information ONLY related to: Lupus or Fibromyalgia
 - Other: Alopecia related to Lupus or Fibromyalgia

Hereinafter known as the "Medical Records."

- III. **DISCLOSURE.** The Authorized Party has my authorization to disclose Medical Records to:
(check one)

- ONLY the following party:
Name: Social Butterflies Foundation
Address: P.O. Box 1652, Newport News, VA 23601
Phone: 757-791-3026
E-Mail: rvalentine@mysbf.org

- IV. **PURPOSE.** The reason for this authorization is: (check one)

- **Emergency Financial Assistance.** To be considered for emergency financial assistance from Social Butterflies Foundation.
- **College Scholarship:** For my child to be considered for a college scholarship from Social Butterflies Foundation.
- **Wig Outreach Program:** To be considered for assistance from Social Butterflies Foundation's Wig Outreach Program.

- V. **TERMINATION.** This authorization will terminate: (check one)

- Upon sending a written revocation to the Authorization Party.
- On the following date: _____
- **Other: Once Social Butterflies Foundation has received the necessary information required to verify the above-mentioned medical conditions.**

VI. ACKNOWLEDGMENT OF RIGHTS.

I understand that I have the right to revoke this authorization, in writing and at any time, except where uses or disclosures have already been made based upon my original permission. I might not be able to revoke this authorization if its purpose was to obtain insurance.

I understand that uses and disclosures already made based on my original permission cannot be taken back.

I understand that it is possible that Medical Records and information used or disclosed with my permission may be re-disclosed by a recipient and no longer protected by the HIPAA Privacy Standards.

I understand that treatment by any party may not be conditioned upon my signing of this authorization (unless treatment is sought only to create Medical Records for a third party or to take part in a research study) and that I may have the right to refuse to sign this authorization.

I will receive a copy of this authorization after I have signed it. A copy of this authorization is as valid as the original.

Signature of Patient: _____ **Date:** _____

Print Name: _____

(IF THE PATIENT IS UNABLE TO SIGN, USE THE SIGNATURE AREA BELOW)

The patient is unable to sign due to: (check one)

- **Being a Minor.** Patient is ____ years old and considered a minor under state law.
- **Being Incapacitated.** Patient is incapacitated due to: _____
- **Other:** _____

Signature of Representative: _____ **Date:** _____

Print Name: _____

Relationship to Patient: Parent Spouse Guardian Other: _____



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 for the Fall of 2026, 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 their 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.



Final Submission Reminder

Please ensure that all required materials listed on the application checklist are submitted following the guidelines by the stated deadline. Incomplete or late applications cannot be considered.

If you have any questions about the instructions or need further clarification, please contact Mrs. Renee Valentine at rvalentine@mysbf.org.

Thank you for your careful attention to these details and for taking the time to prepare a thorough and complete application packet. We wish you the very best of success in your academic journey and future endeavors.