

FINANCIAL AID APPLICATION and INSTRUCTIONS

The M. Verna Butterer Educational Trust offers a combination scholarship and interest free loan to Bucks County, Pennsylvania residents that demonstrate financial need and want to pursue a post high school education.

- A recipient of a scholarship/loan may be eligible for up to four years of funding for attendance at colleges, universities, technical schools, nursing schools and other post secondary education institutions located within the U.S.
- The maximum annual award may not exceed \$14,000.00, indexed for inflation. The loan portion of the award is 1/2 of the total annual award and requires a note be signed for each payment made on a student's behalf.
- The secured loan portion must be repaid within five years after graduation or final funding, whichever occurs first. There is no interest on the loan.
- Applicants may be asked to verify the financial information contained in this Application and the Free Application for Federal Student Aid.

ELIGIBILITY REQUIREMENTS

M. Verna Butterer Educational Scholarships/Loans are intended for individuals who are in financial need for educational purposes as determined by the Trustees of the M. Verna Butterer Educational Trust. Candidates may be graduating high school seniors, persons presently attending post high school education institutions and/or non-traditional students returning to post high school institutions. Candidates must be U.S. citizens and meet a two-year residency requirement as a resident of Bucks County in the State of Pennsylvania.

QUALIFICATIONS

The Board of Trustees considers the following:

- The Expected Family Contribution (EFC) as reported on the Student Aid Report from the U.S. Department of Education and modifications, if any, made by the trustees.
- Information on the application having to do with the reason the applicant has a financial need.
- Prior academic performance and other activities described on the application.

SELECTION PROCESS

- Only candidates who submit all of the required documents on time will be considered.
- Only candidates who affirm that they are not related to disqualified persons will be considered. In accordance with I.R.C. Sec. 4941, for purposes of awarding the Butterer scholarship/loan, a "disqualified" person who would be ineligible for the scholarship/loan would include the Foundation Manager, the Board of Trustees, the Selection Committee and the Soroptimist International Club and their families, including their spouses, ancestors, children, grandchildren, great grandchildren and the spouses of children, grandchildren and great grandchildren.
- Your application materials will be reviewed by the Board of Trustees and the Selection Committee made up of members of the Bucks County Chapter of the Soroptimist International Club.
- Scholarship recipients will be notified in late May. Scholarship payments are made in July/August/September for the start of the Fall term. Scholarship/loan payments are made to the institution directly.
- Scholarships/loans are made on a semi-annual basis. The award is renewable for an additional three years provided the recipient completes a renewal application annually, submits an official transcript for the prior academic year and executes appropriate Notes.
- In order to continue receiving the award, the student must remain in the institution and maintain a minimum cumulative GPA of 2.0. If a recipient does not continuously attend a post high school institution for more than a year, the award will be withdrawn. It will be necessary to file a new Financial Aid Application and go through the selection process again.
- The amount to be repaid is 1/2 of the total monies awarded. Prior to each semester payment, a Note must be signed by recipient and by his/her parent(s), legal guardian(s) or spouse. The obligors of the Note will include all parties whose financial information is provided to FAFSA and on the application.

Providing Educational Assistance to Qualified Bucks County, Pennsylvania Residents

The M. Verna Butterer Educational Trust does not discriminate on the basis of race, color, national or ethnic origin in the administration of its scholarship program

Revision Date 05/2020

APPLICATION SUBMISSION CHECKLIST

Please include this completed checklist with your application. All items are required and applications with missing items will not be considered. YOU WILL NOT BE CONTACTED FOR MISSING INFORMATION.

Prior to applying, complete and file the Free Application for Federal Student Aid (FAFSA). You will receive a Student Aid Report (SAR) from the US Department of Education upon completion of the FAFSA.

- Fully Completed and Signed M. Verna Butterer Financial Aid Application. The Application Form is 5 Pages. Make sure all 5 pages are included, your name is at the bottom of each page, and Page 5 is signed by you, your parents or legal guardians, and your spouse (if applicable).
- An essay answering ONE of the following three questions (please check which question you have chosen). Your essay should be no more than two typed, double spaced pages (approximately 500 words).
 - What would you describe as your most unique quality or special skill that differentiates you from everyone else? Why does it matter?
 - How has the neighborhood or community where you have grown up molded you into the person you are today? How have you contributed to that community?
 - Discuss an accomplishment, event, problem, or realization that sparked a period of personal growth and a new understanding of yourself or others.
- STUDENT AID REPORT (SAR) with your Expected Family Contribution (EFC) circled. Provide a full and complete copy of the SAR including all pages and data sheets.
- Official Transcript from each high school or post high school institution you have attended within the past 4 years. If you have not attended high school or any secondary institution within the past 4 years a transcript is not required.
- Three (3) Letters of Recommendation from non-family members. For example, Letters of Recommendation may be written by a teacher, counselor, advisor, employer, coach, director of outside activities, or any other non-related individual who knows you well. COMPLETE THE TABLE BELOW for your 3 recommendations:

| Name of Recommender | How Does This Person Know You? | How Long Has This Person Known You? |
|---------------------|--------------------------------|-------------------------------------|
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- If available, include a copy of the financial aid award package offered to you by the school you plan to attend in the fall.

BEFORE MAILING YOUR APPLICATION, CONFIRM THAT ALL ITEMS ARE INCLUDED.

Mail To: **M. Verna Butterer Educational Trust, P.O. Box 273, Fountainville, PA 18923-0273**

APPLICATIONS AND SUPPORTING DOCUMENTS MUST BE POSTMARKED BY MARCH 15

M. VERNA BUTTERER EDUCATIONAL TRUST FINANCIAL AID APPLICATION

PO BOX 273, FOUNTAINVILLE PA 18923-0273

WWW.BUTTERER.ORG

APPLICANT INFORMATION

NAME _____ DATE OF BIRTH _____

STREET ADDRESS _____ TELEPHONE NUMBER _____

CITY, STATE, ZIP _____ EMAIL ADDRESS _____

ARE YOU A US CITIZEN? _____ MARITAL STATUS _____ BUCKS COUNTY RESIDENT SINCE (YEAR) _____

PARENT/GUARDIAN NAME _____ OCCUPATION _____ SALARY _____

STREET ADDRESS _____ TELEPHONE NUMBER _____

CITY, STATE, ZIP _____ EMAIL ADDRESS _____

PARENT/GUARDIAN NAME _____ OCCUPATION _____ SALARY _____

STREET ADDRESS _____ TELEPHONE NUMBER _____

CITY, STATE, ZIP _____ EMAIL ADDRESS _____

IF MARRIED - SPOUSE'S NAME _____ OCCUPATION _____ SALARY _____

DO YOU HAVE ANY SIBLINGS WHO WILL BE ATTENDING COLLEGE NEXT YEAR? _____ IF SO, HOW MANY? _____

DO YOU HAVE ANY CHILDREN OR OTHER DEPENDENTS? _____ IF SO, PLEASE LIST THEIR AGES _____

| List all schools you have attended within the past 4 years. Please attach additional sheets if necessary | | |
|--|----------------|---------------------------------|
| Name of School | Dates Attended | Graduation Date (If Applicable) |
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HOW DO YOU PLAN TO PAY FOR YOUR COLLEGE EDUCATION?

| List all scholarships or financial aid applied for or received. Please attach additional sheets if necessary | | | |
|--|--------|----------------------|--------|
| Source | Amount | Need or Merit Based? | Status |
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| | | | |
| | | | |

Name: _____

M. VERNA BUTTERER EDUCATIONAL TRUST FINANCIAL AID APPLICATION

PO BOX 273, FOUNTAINVILLE PA 18923-0273

WWW.BUTTERER.ORG

Please list the schools or programs you are applying to. Use additional pages if necessary.

| Institution | Tuition (\$) | Room & Board (\$) | Have you been accepted? |
|-------------|--------------|-------------------|-------------------------|
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WHAT IS YOUR PLANNED FIELD OF STUDY? _____

WHAT ARE YOUR OBJECTIVES FOR GOING ON TO HIGHER EDUCATION? HOW DO YOU HOPE TO USE YOUR DEGREE OR TRAINING?

PLEASE STATE ANYTHING ADDITIONAL THAT YOU WOULD LIKE THE SELECTION COMMITTEE TO KNOW. PLEASE USE ADDITIONAL PAGES IF NEEDED.

Name: _____

APPLICANT PROFILE

Include employment, activities, and awards within the past 4 years.

Use additional sheets if necessary.

| Employment History | | | | |
|--------------------|---------------------|-------------------|-------------------|-------------------------|
| Employer | Start Date MM/YY | End Date MM/YY | Hours per Week | Duties/Responsibilities |
| | | | | |
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| Community, School, and Extracurricular Activities | | | | |
|---|---------------------|-------------------|-------------------|--|
| Activity/Organization | Start Date MM/YY | End Date MM/YY | Hours per Week | Description (Organization Mission/ Your Role) |
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AWARDS AND HONORS RECEIVED _____

Name: _____

RELEASES AND SIGNATURES

PLEASE READ, SIGN, AND DATE

This form must be signed by all parties whose information is provided in the application. This includes the student as well as parents, legal guardians, and spouses (if applicable).

CERTIFICATION: ALL OF THE INFORMATION PROVIDED BY ME OR ANY OTHER PERSON ON THIS FORM IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS APPLICATION IS BEING FILED JOINTLY BY ALL SIGNERS. IF ASKED BY AN AUTHORIZED OFFICIAL, I AGREE TO GIVE PROOF OF THE INFORMATION THAT I HAVE GIVEN ON THIS FORM. I ALSO REALIZE THAT IF I DO NOT GIVE PROOF WHEN ASKED, THE STUDENT MAY BE DENIED AID.

I HEREBY ATTEST THAT I AM QUALIFIED FOR THIS SCHOLARSHIP/LOAN AND THAT I AM NOT RELATED TO ANY INDIVIDUAL WHO IS A DISQUALIFIED PERSON AS DEFINED BY IRC SECTION 4941. I HEREBY AGREE TO ABIDE BY THE TERMS AND CONDITIONS OF THE M. VERNA BUTTERER EDUCATIONAL TRUST SCHOLARSHIP/LOAN SHOULD A SCHOLARSHIP/LOAN BE GRANTED TO ME.

EVERYONE WHOSE INFORMATION IS GIVEN IN THIS APPLICATION MUST SIGN BELOW. THIS INCLUDES THE STUDENT AND PARENTS OR LEGAL GUARDIANS. **THIS APPLICATION WILL NOT BE PROCESSED WITHOUT THE REQUIRED SIGNATURES.**

STUDENT SIGNATURE: _____ PRINTED NAME: _____

SPOUSE SIGNATURE: _____ PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ PRINTED NAME: _____

PARENT/GUARDIAN SIGNATURE: _____ PRINTED NAME: _____

DATE COMPLETED: _____

Mail Your Completed Application and All Supporting Documents To:

M. Verna Butterer Educational Trust

P.O. Box 273

Fountainville, PA 18923-0273

BEFORE MAILING YOUR APPLICATION, REVIEW THE CHECKLIST ON PAGE 1 AND CONFIRM THAT ALL ITEMS ARE INCLUDED.

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Name: _____