

Zeta Phi Beta Sorority, Inc., Tau Eta Zeta Chapter

## Sharon K. Harvey Memorial Scholarship Application

#### **SUBMISSION DATE**

Application and all materials must be either emailed to **SKHMFScholarship@gmail.com** no later than **11:59 p.m.** or mailed to the address below postmarked by **Friday**, **February 19**, **2016**:

Sharon K. Harvey Memorial Foundation, Inc.

P.O. Box 2031

**Baltimore MD 21203** 

#### **EVALUATION CRITERIA**

Applications for the Sharon K. Harvey Memorial Scholarship are evaluated according to the following criteria:

- 1. Must be a graduating high school senior during the current school year.
- 2. Must provide a comprehensive and complete application (Type or Neatly Printed in Black Ink) \*\*Incomplete or late applications will not be considered.
- 3. Must have a 2.5 (C+) or greater grade point average from the time of application through the completion of the 12<sup>th</sup> grade.
- 4. Must be a resident of Baltimore City and attend a public or private high school located within the city of Baltimore.
- 5. Must submit proof of Community Service activities in the form of a letter on official organizational letterhead.
- 6. Must submit two letters of recommendation from community representatives including, but not limited to a supervisor, religious leader, teacher or counselor.
- 7. All components of the application must be received electronically by 11:59 p.m. or postmarked by Friday, February 19, 2016 (including the essay and an official high school transcript which must be mailed even if the application is sent via email).

### **APPLICATION PROCESS**

- Obtain an application from the high school counselor's office; email the Sharon K. Harvey Memorial Foundation to receive an electronic copy - <u>SKHMFScholarship@gmail.com</u>; Download a copy of the application by visiting Zeta Phi Beta Sorority, Inc., Tau Eta Zeta Chapter's website: <u>www.zphib-thz.org</u>.
- 2. Obtain an official transcript of your high school grades that must be submitted via US Mail to the PO Box listed above whether the application is emailed or mailed. It must be postmarked by Friday, February 19, 2016.
- 3. For applications that are submitted via US Mail: Submit your completed scholarship application, written statement, letters of recommendation, proof of community service, and one official transcript postmarked by Friday, February 19, 2016.
- 4. For applications submitted via email: Submit your completed scholarship application, written statement, letters of recommendation, proof of community service, and one official transcript (mailed separately) by 11:59 p.m. on Friday, February 19, 2016. All documentation submitted via email must be in a PDF format.



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#### **ADDITIONAL INFORMATION**

- The Sharon K. Harvey Memorial Scholarship will be awarded based on a comprehensive and quality application with supporting documents. In addition, awards will be based on the evaluation criteria.
- > Two scholarships will be awarded **for up to \$1,000**. Scholarship recipients will be notified once the decision is made and recognized during Zeta Phi Beta Sorority, Inc., Tau Eta Zeta Chapter's Finer Womanhood Luncheon.
- Funds will be released upon receipt of **proof of enrollment** into a two-year or four-year college or university and final official high school transcript. Proof of enrollment must be on official college or university letterhead. Scholarship checks will be forwarded directly to the bursar's office made payable to the scholarship recipient and the college.

For More Information Contact:
Sharon K. Harvey Memorial Foundation, Inc.
Ms. Nathalia Drew / Ms. Kimberly Carter
Scholarship Committee Co-Chairs
SKHMFScholarship@gmail.com
443-281-3803



The Sharon K. Harvey Memorial Foundation is a 501 (c) (3) entity of Zeta Phi Beta Sorority, Inc., Tau Eta Zeta Chapter

# Sharon K. Harvey Memorial Scholarship Application

Please type or print legibly using black ink.

### **PART I: PERSONAL INFORMATION**

Last Name		First Name		MI
Address		City	State	Zip Code
Telephone Number (xxx) xxx-xxxx	Email Address			
Father's/Guardian's Name		other's/Guardian's Name		
PART II: EDUCATIONAL	INFORMATION			
Name of High School				
Name of High School Counselor	Counselor's Telephone Number (xxx) xxx-xxxx			
Cumulative Grade Point Average*		ripts must be provided ssed to the Sharon K. Ha		
Expected College Major C	Career Goal			
Identify each of the colleges/univer	sities to which you have	applied.		
Name & Location of School (City, State)		Name & Location of School (City, State)		
Name & Location of School (City, State)		Name & Location of School (City, State)		



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### PART III: WRITTEN ESSAY (300-500 WORD MAXIMUM)

Please write a short essay about yourself including your college plan and why you should be selected to receive the Sharon K. Harvey Memorial Scholarship.



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### PART IV: EXTRACURRICULAR ACTIVITIES

Please describe in paragraph format your involvement/participation in any of the following areas:

- High School Clubs/Athletics/Committees
- Community Service Projects/Religious Activities/Volunteer Service



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#### **PART V: RECOMMENDATIONS**

Two letters of recommendation must accompany this application. One letter must be from a teacher, counselor, or principal at your high school. The second letter must be from a person who can verify your involvement in community service and/or religious activities. **Applications submitted without this supporting documentation will not be considered.** 

The letters of recommendation should clearly identify the name of the student and high school and address why this student deserves our support. All letters should be submitted in sealed envelopes (professional/organizational stationary preferred) and included with the final application package.

#### PARENT/STUDENT SIGNATURE

I hereby affirm that I am a graduating senior meeting all the criteria set forth above and that all the statements presented in this application are true. I have enclosed the necessary high school transcript and other supporting documentation. I am willing to provide additional information should it be required. Should I be selected, I am willing to appear at the awards luncheon to receive the award letter. I agree to abide by all rules and regulations governing the decision and award of the Sharon K. Harvey Memorial Foundation, Inc.

I hereby grant permission for a representative of the Sharon K. Harvey Memorial Foundation, Inc. to obtain information from my guidance counselor regarding this application.

information submitted falsely will result in forfeiture of the so	cholarship.
Applicant's Signature	Date
Parent/Guardian Signature	 Date