



*Sharon K. Harvey Memorial Foundation, Inc.*  
Zeta Phi Beta Sorority, Inc.  
Tau Eta Zeta Chapter

## Nichelle Scarborough Memorial Nursing Scholarship

### SUBMISSION DATE

All application materials must be postmarked no later than February 1 and returned to the following address:

Sharon K. Harvey Memorial Foundation, Inc.  
P.O. Box 2031  
Baltimore MD 21233

### EVALUATION CRITERIA

Applications for the Nichelle Scarborough Memorial Nursing Scholarship are evaluated according to the following criteria:

1. Must provide a comprehensive and complete application (Type or Neatly Print in Dark Ink)  
**\*\*Incomplete or late applications will not be considered.**
2. Must be attending a two or four-year college or university in the state of Maryland.
3. Must be accepted into an accredited Nursing program.
4. Must submit proof of Community Service activities in the form of a letter on official organizational letterhead.
5. Must submit two letters of recommendation from community representatives including, but not limited to a supervisor, religious leader, teacher or counselor.
6. Must submit scholarship application by February 1 (including most recent transcript and written essay).

### APPLICATION PROCESS

1. Obtain an application from the financial aid office, a Zeta Phi Beta Sorority, Inc. – Tau Eta Zeta Chapter member, or the Tau Eta Zeta Web site, located at [www.zphib-thz.org](http://www.zphib-thz.org).
2. Obtain and submit your most recent official college transcript.
3. Submit **three copies** (original and two copies) of your completed scholarship application, written statement, letters of recommendation, proof of community service, and one original transcript by February 1 and mail to:

**Sharon K. Harvey Memorial Foundation, Inc.**  
**P.O. Box 2031**  
**Baltimore MD 21233**

## **ADDITIONAL INFORMATION**

- The Nichelle Scarborough Memorial Nursing Scholarship will be awarded based on a comprehensive and quality application with supporting documents. In addition, awards will be based on the evaluation criteria. Transcript grades will be considered, but are not the only basis for selection.
- One scholarship will be awarded for up to \$1,000. The scholarship recipient will be notified by mail and will be recognized during Tau Eta Zeta Chapter's Finer Womanhood Luncheon in March.
- Funds will be released upon receipt of proof of registration at a two or four-year college or university and most recent transcript. Must be actively enrolled in an accredited nursing program at the time of application. Proof of registration 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.



**Sharon K. Harvey Memorial Foundation, Inc.**  
**Zeta Phi Beta Sorority, Inc.**  
**Tau Eta Zeta Chapter**

**Nichelle Scarborough Nursing Scholarship  
Application**

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*Please type or print legibly.*

**PART I: PERSONAL INFORMATION**

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|                                 |               |                |             |
|---------------------------------|---------------|----------------|-------------|
| Last Name                       | First Name    | MI             |             |
| Address                         | City          | State          | Postal Code |
| Telephone Number (xxx) xxx-xxxx | Email Address | Place of Birth |             |

**PART II: EDUCATIONAL INFORMATION**

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Name of Last College or University Attended

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Cumulative Grade Point Average\*

\* Most recent transcripts must be provided directly from the school in a sealed envelope addressed to the Sharon K. Harvey Memorial Foundation, Inc.

**EDUCATIONAL PLAN**

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|               |                       |
|---------------|-----------------------|
| College Major | Type of Degree Sought |
|---------------|-----------------------|

**Part III: Written essay (300-500 word maximum)**

How will obtaining a nursing degree help you to serve the community and add to the quality of life for others?

#### **PART IV: RECOMMENDATIONS**

Two letters of recommendation must accompany this application. The letters of recommendations must be written and submitted by a community representative including, but not limited to a supervisor, religious leader, teacher, counselor or organization leader 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 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.

#### **PART V: EXTRACURRICULAR ACTIVITIES**

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

- **SOCIAL ORGANIZATION/ATHLETICS/COMMITTEES**
- **COMMUNITY SERVICE PROJECTS/RELIGIOUS ACTIVITIES/VOLUNTEER SERVICE**

#### **STUDENT SIGNATURE**

I hereby affirm that I meet the criteria for a continuing student set forth above and that all the statements presented in this application are true. I have enclosed the most recent 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 affirm that the information presented in this application is true to the best of my knowledge. I hereby understand that any information submitted falsely will result in forfeiture of the scholarship.

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Applicant's Signature

Date