

# The Sharon K. Harvey Memorial Foundation, Inc.

Est. 2008

Zeta Phi Beta Sorority, Inc.  
Tau Eta Zeta Chapter



## Sharon K. Harvey Memorial Scholarship Application



Sharon K. Harvey  
March 3, 1975 – March 11, 2005

### SUBMISSION DATE

All application materials must be either emailed to [SKHMFScholarship@gmail.com](mailto:SKHMFScholarship@gmail.com) or mailed to the address below by **March 6, 2015**:

**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 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. Must submit scholarship application by March 6<sup>th</sup> (including the essay and an official high school transcript which must be mailed even if the application is sent via email).

### APPLICATION PROCESS

1. Obtain an application from the high school counselor's office; email the Sharon K. Harvey Memorial Foundation to receive an electronic copy - [SKHMFScholarship@gmail.com](mailto:SKHMFScholarship@gmail.com); Download a copy of the application by visiting Zeta Phi Beta Sorority, Inc., Tau Eta Zeta Chapter's website: [www.zphib-thz.org](http://www.zphib-thz.org).
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 **March 6<sup>th</sup>**
3. For applications that are submitted via US MAIL: 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 **March 6<sup>th</sup>**.
4. For applications submitted via email: Submit your completed scholarship application, written statement, letters of recommendation, proof of community service, and one original transcript (mailed separately) by **March 6<sup>th</sup>**. All documentation submitted via email must be in a PDF format.

All Applications materials must be postmarked no later than March 6th.  
PLEASE NOTE: Both applicant and parent/guardian signatures are required.

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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 by mail and will be recognized during Zeta Phi Beta Sorority, Inc., Tau Eta Zeta Chapter's Finer Womanhood Luncheon in March.
- Funds will be released upon receipt of **proof of enrollment** into a two-year or four-year college or university and final 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, Scholarship Chair  
SKHMFScholarship@gmail.com  
443-281-3803

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*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	Mother'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*	
_____	_____
Expected College Major	Career Goal

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

**Identify each of the colleges/universities 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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Memorial Scholarship Application**

**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.

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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