



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

Dana T. Coleman Archonette Book 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, March 23, 2018:**

Sharon K. Harvey Memorial Foundation, Inc.

P.O. Box 2031

Baltimore MD 21203

***NOTE:** The Sharon K. Harvey Memorial Foundation is not responsible for application delays on the part of the United States Postal Service. Please ensure your application is received before the deadline!*

EVALUATION CRITERIA

Applications for the Archonette Book 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 an active and financial member of Zeta Phi Beta Sorority, Inc. – Tau Eta Zeta Chapter’s Archonette Club.
3. Must be accepted to or attending a two-year or four-year college or university.
4. Must submit scholarship application by Friday, March 23, 2018 (including most recent transcript and letter of recommendation).

APPLICATION PROCESS

1. Email the Sharon K. Harvey Memorial Foundation to receive an electronic copy of the application - SKHMFscholarship@gmail.com or download a copy of the application – www.SKHFoundation.org.
1. 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, March 23, 2018.
2. For applications that are submitted via US Mail: Submit your completed scholarship application, letter of recommendation and one official transcript postmarked by Friday, March 23, 2018.
3. For applications submitted via email: Submit your completed scholarship application, letter of recommendation and one official transcript (mailed separately) *postmarked* by Friday, March 23, 2018. All documentation submitted via email must be in a PDF format.

Application and all materials must be received electronically by 11:59 p.m. or postmarked no later than Friday, March 23, 2018.
PLEASE NOTE: Both applicant and parent/guardian signatures are required if applicant is not of legal age.



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ADDITIONAL INFORMATION

- The Archonette Book Scholarship will be awarded based on participation in the Archonette Club. In addition, awards will be based on the evaluation criteria.
- The Scholarship(s) will be awarded in the amount of **\$250**. Scholarship recipients will be notified by mail and will be recognized during the Sharon K. Harvey Memorial Foundation Annual Meeting to be held May 2018.
- Funds will be released upon receipt of **proof of enrollment** into a two-year or four-year college or university. 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. Kimberly P. Carter
Scholarship Committee Chair
SKHMFscholarship@gmail.com
443-281-3803

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Please type or print legibly in black ink.

PART I: PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Address	City	State
_____	_____	_____
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*

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

EDUCATIONAL PLAN

_____	_____
Expected College Major	Career Goal

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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PARENT/STUDENT SIGNATURE

I hereby affirm that I am an active and financial member of Zeta Phi Beta Sorority, Inc. – Tau Eta Zeta Chapter’s Archonette Club 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 Sharon K. Harvey Memorial Foundation’s Annual Meeting to be recognized. 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.

Applicant’s Signature

Date

Parent/Guardian Signature

Date

Archonette Advisor’s Signature

Date

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