



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

## **Nichelle A. Scarborough Memorial Nursing Scholarship Application**

### **SUBMISSION DATE**

Application and all materials must be either emailed to [SKHMFscholarship@gmail.com](mailto: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 Nichelle A. Scarborough Memorial Nursing Scholarship are evaluated according to the following criteria:

1. Must provide a comprehensive and complete application (Type or Neatly Print in Black Ink)  
**\*\*Incomplete or late applications will not be considered.**
2. Must be currently enrolled in a two-year or four-year college or university in the state of Maryland.
3. Must be accepted into a Nursing program.
4. Must have a 2.5 (C+) or greater grade point average on most recent transcript.
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. The entire application package to include the official transcript and required essay must be received electronically by 11:59 p.m. or postmarked if being mailed by Friday, March 23, 2018.

### **APPLICATION PROCESS**

1. Email the Sharon K. Harvey Memorial Foundation to receive an electronic copy of the application - [SKHMFscholarship@gmail.com](mailto:SKHMFscholarship@gmail.com) or download a copy of the application - [www.SKHFoundation.org](http://www.SKHFoundation.org).
2. Obtain a copy of your official college transcript 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.
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, March 23, 2018.
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, March 23, 2018. All documentation submitted via email must be in a PDF format.

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### **ADDITIONAL INFORMATION**

- The Nichelle A. 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.
- One scholarship will be awarded for **up to \$1,000**. The scholarship recipient 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** at a two-year or four-year college or university and official transcript. Must be actively enrolled in a nursing program at the time of application. 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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## Nichelle A. Scarborough Memorial Nursing Scholarship Application

*Please type or print legibly in black ink.*

### PART I: PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Address	City	State Zip Code
_____	_____	
Telephone Number (xxx) xxx-xxxx	Email Address	

### PART II EDUCATIONAL INFORMATION

_____
Name of Last College or University Attended
_____
Cumulative Grade Point Average*

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

### EDUCATIONAL PLAN

_____
College Major
_____
Type of Degree Sought

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### **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?

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### **PART IV: 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**

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### **PART V: RECOMMENDATIONS**

Two letters of recommendation must accompany this application. The letters of recommendations must be written and submitted by community representatives 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.

### **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 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.

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Applicant's Signature

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Date

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