



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

Rising Stars 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 Rising Stars 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 2.0 or greater, grade point average from the time of application through the completion of the 12th 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 have a documented disability with an IEP or 504 Plan. Submit first page of document only.
6. Must submit one letter of recommendation from an academic teacher or transition facilitator.
7. Must submit a summary describing their disability or personal statement on how he/she has dealt with the challenges of their disability.
8. All components of the application must be received electronically by 11:59 p.m. or postmarked by Friday, March 23, 2018 (including the essay and an official high school transcript which must be mailed even if the application is sent via email).

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.
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 Rising Stars 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 \$500**. 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/university or a Vocational/Specialized program and official transcript. Proof of enrollment must be on official letterhead. Scholarship checks will be forwarded directly to the bursar's office made payable to the scholarship recipient and the college/program.

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 Zip Code
_____	_____	
Telephone Number (xxx) xxx-xxxx	Email Address	

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 transcripts must be provided directly from the school in a sealed envelope addressed to the Sharon K. Harvey Memorial Foundation, Inc.	
_____	_____
Expected College Major/Trade	Career Goal

Identify each of the colleges/universities or vocational/specialized programs 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: STUDENT SUMMARY (200-400 word maximum)

Please describe in paragraph format, a summary of your disability or how you have dealt with the challenges of your disability.

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PART IV: RECOMMENDATIONS

One letter of recommendation from an academic teacher or transition facilitator must accompany this application. **Applications submitted without this supporting documentation will not be considered.**

The letter of recommendation should clearly identify the name of the student and address why this student deserves our support. The letter should be submitted in a sealed envelope (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.

Applicant's Signature

Date

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