



*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

SUBMISSION DATE

Application and all supporting documentation must be emailed to SKHMFscholarship@gmail.com in PDF format, no later than 11:59 p.m. on Saturday, February 28, 2026.

EVALUATION CRITERIA

Applications for the Nichelle A. Scarborough Memorial Nursing Scholarship are evaluated according to the following criteria. Prospective applicants:

1. Must provide a typed, comprehensive, and complete application.
2. Must be currently enrolled in a two-year or four-year college or university in the state of Maryland.
3. Must have received acceptance into a Nursing program.
4. Must have a 2.5 (C+) or greater grade point average on the most recent transcript.
5. Must obtain a copy of the most recent unofficial transcript to submit with the application package.
6. Must submit proof of Community Service activities in the form of a letter on official organizational letterhead.
7. Must submit one letter of recommendation from a community representative including, but not limited to a supervisor, religious leader, teacher, or counselor.

APPLICATION PROCESS

1. Submit completed scholarship application, to include typed statement, one letter of recommendation, proof of community service, and an unofficial transcript in PDF format by 11:59 p.m. on Saturday, February 28, 2026.
2. Any questions regarding the scholarship criteria can be directed to the Scholarship chairperson at SKHMFscholarship@gmail.com or (443) 717-2341.

The application and all supporting documentation must be received electronically by 11:59 p.m. on Friday, February 28, 2026.



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ADDITIONAL INFORMATION

- The Nichelle A. Scarborough Memorial Nursing Scholarship is awarded based on a comprehensive and quality application with supporting documents. Awards are based on the evaluation criteria.
- One scholarship will be awarded for **up to \$1,000**. The scholarship recipient is notified by email/phone and recognized during the Sharon K. Harvey Memorial Foundation Award Celebration on Saturday, May 2, 2026.
- **Proof of enrollment** is required for the disbursement of funds. Proof of enrollment into a two-year or four-year college or university must be on official college or university letterhead. Scholarship checks will be disbursed directly to the scholarship recipient.

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Please type.

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*

EDUCATIONAL PLAN

College Major

Type of Degree Sought

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PART III: TYPED 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: EXTRACURRICULAR ACTIVITIES

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

- Social Organizations/Athletics/Committees
- Community Service Projects/Religious Activities/Volunteer Service

PART V: RECOMMENDATIONS

One letter of recommendation must accompany this application. The letter of recommendations must be typed and submitted by community representatives including, but not limited to a supervisor, religious leader, teacher, counselor, or organization leader who can verify involvement in community service and/or religious activities.

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.

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 Gala 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