



*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**

### **SUBMISSION DATE**

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

### **EVALUATION CRITERIA**

Applications for the Rising Stars Scholarship are evaluated according to the following criteria. Prospective applicants:

1. **Must be a graduating high school senior during the current school year.**
2. Must provide a typed, comprehensive, and complete application.
3. Must have a 2.0 or greater grade point average from the time of application through the completion of the 12<sup>th</sup> grade.
4. Must obtain a copy of the most recent unofficial transcript to submit with application package.
5. Must be a resident of Baltimore City *and* attend a public or private high school located within the city of Baltimore.
6. Must have a documented disability with an IEP or 504 Plan. Submit the first page of the document only.
7. Must submit one letter of recommendation from an academic teacher or transition facilitator.
8. Must submit a summary describing their disability or personal statement on how he/she has dealt with the challenges of their disability.

### **APPLICATION PROCESS**

1. Submit completed scholarship application, including a typed statement, one letter of recommendation, 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](mailto:SKHMFscholarship@gmail.com) or (443) 717-2341.

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



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### **ADDITIONAL INFORMATION**

- The Rising Stars Scholarship is 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 is notified by email/phone and recognized during the Sharon K. Harvey Memorial Foundation Awards Ceremony 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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## Rising Stars Scholarship

Please type.

### PART I: PERSONAL INFORMATION

_____	_____	_____
Last Name	First Name	MI
_____	_____	_____
Address	City	State
_____	_____	_____
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*	
_____	_____
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 your disability or how you have dealt with the challenges of your disability.

### 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 letterhead 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 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 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.

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Applicant's Signature

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Date

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Parent/Guardian Signature (*if applicant is under 18*)

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Date