



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

## **Tamara D. Harris Continuing Education Scholarship Application**

### **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 Tamara D. Harris Continuing Education Scholarship are evaluated according to the following criteria. Prospective applicants:

1. Must provide a typed, comprehensive, and complete application.
2. Must have a 2.5 (C+) or greater grade point average on the most recent transcript.
3. Must obtain a copy of the most recent unofficial transcript to submit with the application package.
4. Must be currently attending a two-year or four-year institution pursuing a collegiate degree.
5. Must submit proof of Community Service activities in the form of a letter on official organizational letterhead.
6. 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, including a 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](mailto:SKHMFScholarship@gmail.com) or (443) 717-2341.

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



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### **ADDITIONAL INFORMATION:**

- The Tamara D. Harris Continuing Education Scholarship is awarded based on a comprehensive and quality application with supporting documents. In addition, awards are based on the evaluation criteria.
- One scholarship will be awarded for **up to \$500**. Scholarship recipients are notified by email/phone and recognized during the Sharon K. Harvey Memorial Foundation Awards Ceremony to be held on 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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## **Tamara D. Harris Continuing Education Scholarship Application**

**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 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)**

Please type your rationale for the decision to continue your education.

### **PART IV: EXTRACURRICULAR ACTIVITIES**

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

- Social Organization/Athletics/Committees
- Community Service Project/Religious Activities/Volunteer Service

### **PART V: RECOMMENDATIONS**

One letter of recommendation must accompany this application. The letter of recommendation 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.

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Applicant's Signature

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Date

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