



## Kendra G. Harrington Memorial Scholarship Application

**Application due date: March 9, 2026**

1. DEADLINE for scholarship applications is *March 9, 2026* **(NO EXCEPTIONS)**
2. Refer to application process below for a list of the supporting documents needed (i.e., letter of recommendation, evidence of GPA, etc.)
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. If you have any questions about the application, contact us by email at [contact@kendragharrington.org](mailto:contact@kendragharrington.org)
6. For renewal scholarships, please send updated transcripts and include an update essay on accomplishments for the past year.

**PURPOSE** The Kendra Harrington Memorial Scholarship was established in 2018. The mission of the scholarship is to provide financial assistance to individuals to enroll for undergraduate study in community colleges, and universities in the nursing program.

**FINANCIAL ASSISTANCE** *is based on academic performance, leadership potential, and participation in community / service programs.*

### **SCHOLARSHIP AWARDS**

The Kendra G. Harrington Memorial Scholarship Board of Directors awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to the following: *Academic Accomplishments, Community Service, References, and Personal Essay. Scholarship funds are paid directly to the attending school.*

### **CRITERIA**

- Applicants must be completing or have completed high school successfully with a minimum unweighted GPA of 3.5 on a 4.0 scale.
- Applicants must take a minimum of 12 hours/semester and be accepted as a full-time student at a *college, university, or trade school* program for the upcoming academic semester.
- Applicants must complete and submit a Scholarship Application postmarked by Tuesday, **March 9th 2026.**
- Applicants must complete an essay on consideration for this scholarship into a nursing program.
- Graduate of Alexander Central High School, including Alumni.
- Applicant must maintain a GPA of 3.0 minimum for 2<sup>nd</sup> semester payment.

### **TIMELINE**

- Applications are due **March 9, 2026**
- Applicants are notified if awarded a scholarship by May 10, 2026

## **Application Process**

### **SCHOLARSHIP APPLICANTS MUST PROVIDE:**

- Completed application form.
- Official high school transcript in a sealed envelope from the institution.
- A letter of recommendation.
- An essay of 500 words or less.
- A letter of acceptance from the college or university or proof of enrollment

### **SCHOLARSHIP AWARDS**

- Award notification will be notified by May 10, 2026 and will be paid directly to the school at the beginning of the semester.

***Deadline*** for the application is March 9, **2026**.  
Applications postmarked after this date will not be considered.

Please mail OR submit application to:

Kendra G. Harrington Memorial Scholarship

**2875 Hwy 16N  
Taylorsville, NC 28681**



**Application 2026 - must be filled out by applicant.**

Please <b>type or print</b> your answers below. A separate sheet may be used if needed. If application is illegible it will be returned to you.	
1	<div>Last Name: _____</div> <div>First Name: _____</div>
2	<div>Mailing Address:</div> <div>Street: _____</div> <div>City: _____ State: _____ ZIP: _____</div>
3	<div>Daytime Telephone Number: (      )</div> <div>Email address: _____</div>
4	<div>Current High School/College: _____</div> <div>High School Graduation date: _____</div>
5	<div>I will be attending the following school in the <u>Fall of 2026</u>: _____</div> <div>Address/ Phone: _____</div>
6	What year will you enter school?   Freshman      Sophomore      Junior      Senior
7	Will you be a full time student? _____ (minimum 12 hrs.)
8	Are you currently employed and/or plan to work during your time as a student? Please provide details.
9	<div>Grade Point Average (GPA): _____ (On a 4.0 scale)</div> <div>Attach proof of GPA; your most recent <b>official</b> school transcript required.</div>

10	Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name(s) _____ Street: _____ City: _____ State: _____ ZIP: _____ Home phone of parents or legal guardians: _____							
11	List the name of any college(s) you have attended.				Year Began	Year Ended	Year Graduated	Type of Degree or grade received /Hours
	A.							
	B.							
	C.							
12	Do you plan to major in Nursing as you continue your education?							
13	List other financial assistance you will receive per semester or quarter:							
	A.	Personal: (currently working or work /study during school)				Amount: \$		
	B.	Other Scholarship(s):				Amount: \$		
	C.	Grants:				Amount: \$		
	C.	Student Loan(s):				Amount: \$		
	D.	Other Financial Resources: (to include parent contribution)				Amount: \$		

**Please list the following information on a separate sheet if needed.**

14	<b>SCHOOL EXTRA-CURRICULAR ACTIVITIES:</b> Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.
15	<b>ORGANIZATIONS:</b> Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates.
16	<b>RECOGNITIONS:</b> Please list important awards and recognitions received. Note organizations presenting honor and date.

17	<b>GOALS:</b> What are the short and long-term goals for your life?		
18	<b>NEED:</b> Please explain your need for the Kendra G. Harrington Memorial Scholarship		
19	<p>A. The following criteria must be met in order for the application to qualify to be reviewed by the scholarship committee.</p> <p>B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)</p> <p>C. Circle "YES" or "NO" to be sure you have completed and attached each item as required.</p>		
	YES	NO	<b>Application complete</b>
	YES	NO	<b>Letter of Recommendation.</b> Your recommendation should be in a separate sealed envelope
	YES	NO	<b>Proof of college acceptance or current student enrollment.</b> A letter of college enrollment or program enrollment is required for receipt of funds.
	YES	NO	<b>Most recent <u>official</u> high school or <u>official</u> college transcript.</b> Photocopies of your transcript are <b><u>not acceptable</u></b> .
	YES	NO	<b>500 words or less essay on consideration for the nursing scholarship</b>

For renewal scholarships, the letter of recommendation and proof of college is not needed.

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Kendra G. Harrington Memorial Scholarship Committee is true, correct and without forgery. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the Kendra G. Harrington Memorial Scholarship Program.

I hereby understand that if chosen as a scholarship winner, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**The deadline for this application must be  
Postmarked by Thursday, March 9, 2026**