

# **Bartlett Electric Cooperative, Inc.**

**America's First REA Project to be Energized**



## **Lawrence Karl Memorial Scholarship Fund**

**Deadline – March 31, 2025**

# **BARTLETT ELECTRIC COOPERATIVE, INC. LAWRENCE KARL MEMORIAL SCHOLARSHIP APPLICATION**

## **SCHOLARSHIP INFORMATION:**

Bartlett Electric Cooperative, Inc. is accepting applications to award scholarships to rural students whose parents reside full-time in the BEC service areas and have an active account with BEC.

The Cooperative's intent is to provide a long term, ongoing scholarship program that will assist applicants who meet the eligibility requirements listed below.

## **ELIGIBILITY REQUIREMENTS:**

To be considered for a Bartlett Electric Cooperative scholarship, an applicant must:

- ❖ **You must** be a high school Senior, whose parents are members of BEC.
- ❖ **You must** be a full-time resident in the home of a parent who is a full-time resident in BEC's service area and maintains an active BEC account.
- ❖ **You must** attend a high school in the BEC service area or in a school district adjacent to the BEC service area and be a graduating senior in May/June 2025.
- ❖ **You must** have a high school GPA of 90 or higher.
- ❖ **You must** have applied for admission as a full time student at a state university, junior college or technical school.

## **APPLICATION PROCEDURES:**

### **APPLICATIONS MUST INCLUDE ALL OF THE FOLLOWING TO BE REVIEWED AND CONSIDERED:**

1. A completed LKM Scholarship Fund Application.
2. Page 8 is to be completed and signed by your school counselor. Please include a current Official Transcript (**sealed**) for all academic work, including rank and number of students in senior class, grade point average as of the 7<sup>th</sup> semester based on a 0 to 100 scale, and a copy of SAT/ACT college admission test scores.
3. **Three (3) original** letters of recommendation (*i.e., teachers, civic leaders, clergy, excluding relatives*)
4. List of awards and school/work activities
5. Applicant's narrative (*no more than one page*)
6. Parent's or Guardian's current BEC account number **must** be on the application.
7. Wallet size photograph (*for publication of winners in the Texas Co-op Power magazine*)

*\*The Scholarship Committee reserves the right to require verification of all information provided by the applicant, if deemed necessary.*

### **DEADLINE IS MARCH 31, 2025.**

Winners will be notified in writing in May 2025.

***Return completed Scholarship Application to:***

Debbie Wright  
Bartlett Electric Cooperative, Inc.  
27492 Hwy 95  
Bartlett, Texas 76511

### **OPERATIONAL PROCEDURES:**

Bartlett Electric Cooperative, Inc. will issue a check for the full amount of the scholarship awarded to the college's financial aid or business office for the first semester of college that the recipient attends. The recipient must provide proof of full-time enrollment before funds will be issued.

Scholarship funds not dispersed within 12 months of date of scholarship will be forfeited.

**ALL INFORMATION RECEIVED BY THE SCHOLARSHIP COMMITTEE IS STRICTLY CONFIDENTIAL.**

# BARTLETT ELECTRIC COOPERATIVE, INC.

## RURAL SCHOLARSHIP APPLICATION

### PERSONAL INFORMATION

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
HIGH SCHOOL:			DATE OF BIRTH:		
STUDENT'S HOME ADDRESS:		CITY:		STATE:	ZIP CODE:
MAILING ADDRESS:		CITY:		STATE:	ZIP CODE:
HOME PHONE NUMBER:		ALTERNATE PHONE NUMBER:		STUDENT'S E-MAIL ADDRESS:	
FATHER'S NAME					
FATHER'S OCCUPATION:		NAME OF EMPLOYER:		PHONE NUMBER:	
MOTHER'S NAME:					
MOTHER'S OCCUPATION:		NAME OF EMPLOYER:		PHONE NUMBER:	
IS PARENT(S) AN ACTIVE MEMBER RESIDING FULL-TIME IN BEC'S TERRITORY? <input type="checkbox"/> YES <input type="checkbox"/> NO					
PLEASE PROVIDE ACCOUNT # AND THE ADDRESS OF THE ACCOUNT LOCATION:					
ACCOUNT #	ADDRESS	CITY	STATE	ZIP	

In applying for this scholarship, I am aware that I must provide Bartlett Electric Cooperative, Inc. written proof of high school GPA and class ranking. I must provide proof of enrollment from an accredited college where I will be considered a full-time student. This must be done in order for the payment of the scholarship to be paid to the college of my choice.

I agree to permit the review of this application and my school records by members of the Bartlett Electric Cooperative, Inc. Scholarship Committee.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

## ACTIVITIES/HONORS/AWARDS/EMPLOYMENT

LIST EXTRACURRICULAR ACTIVITIES-SCHOOL			
ORGANIZATION	POSITION HELD	YEAR	DESCRIPTION OF ACTIVITIES

LIST COMMUNITY SERVICE/CHURCH ACTIVITIES			
SERVICE/VOLUNTEER WORK	YOUR SPECIFIC ROLE	FROM	TO

HONORS/AWARDS			YEARS RECEIVED			
HONORS/AWARDS	DESCRIPTION	LEVEL	9 <sup>TH</sup>	10 <sup>TH</sup>	11 <sup>TH</sup>	12 <sup>TH</sup>

## EMPLOYMENT

EMPLOYMENT/INTERNSHIPS/SUMMER ACTIVITIES				
EMPLOYER	POSITION	DUTIES	EMPLOYMENT DATE	HRS PER WK

<b>HAVE YOU RECEIVED OTHER SCHOLARSHIPS?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE INCLUDE THOSE AMOUNTS...	\$	\$	\$
<b>COLLEGES/UNIVERSITIES APPLIED</b> (IF YOU HAVE ALREADY BEEN ACCEPTED, LIST ONLY THAT PARTICULAR INSTITUTION AND ATTACH A COPY OF LETTER OF ACCEPTANCE.)			
<b>WHAT IS YOUR MAJOR AREA OF STUDY?</b>			



**TO BE COMPLETED BY YOUR SCHOOL COUNSELOR ONLY:**

**GRADE INFORMATION**

NAME OF HIGH SCHOOL:		DATE OF GRADUATION:	
GPA AS OF 7 <sup>TH</sup> SEMESTER TRANSCRIPT:	NON-WEIGHTED GPA:	CLASS RANK #:	# IN CLASS:
	<i>GPA BASED ON A 0-100 SCALE</i>	<i>BASED ON A 0-100 SCALE</i>	
<b>***PLEASE ATTACH AN OFFICIAL TRANSCRIPT FROM THE SCHOOL MOST RECENTLY ATTENDED AND A COPY OF SAT/ACT SCORES.***</b>			
LIST FALL SEMESTER AND SPRING SEMESTER COURSES (LIST ALL AP, HONORS OR COLLEGE COURSES TAKEN DURING YOUR FOUR YEARS OF HIGH SCHOOL. IF NONE WERE TAKEN, PLEASE INDICATE WITH "NO AP, HONORS OR COLLEGE COURSES TAKEN"):			
<b>(A COPY OF STUDENT'S FALL AND SPRING COURSE SCHEDULE, SIGNED AND DATED BY HIGH SCHOOL COUNSELOR SHOULD BE ATTACHED.)</b>			
FALL SEMESTER:		SPRING SEMESTER:	

**TEST SCORES**

SAT-COMPOSITE:	DATE TAKEN:
VERBAL:	MATH:
ACT-COMPOSITE:	DATE TAKEN:

\_\_\_\_\_  
Signature of School Counselor

\_\_\_\_\_  
Phone Number