

# **Bartlett Electric Cooperative, Inc.**

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



## **Lawrence Karl Memorial Scholarship Fund**

**Deadline – March 9, 2027**

# **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 2027.
- ❖ **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*)
8. Photo & Media Release Form

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

## **DEADLINE IS MARCH 9, 2027.**

Winners will be notified in writing in May 2027.

***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 are 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

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

In applying for this scholarship, I am aware that I must provide Bartlett Electric Cooperative, Inc. with 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 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

[illegible]

## EMPLOYMENT

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

|                                                                                                                                                               |    |    |    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----|----|
| <b>HAVE YOU RECEIVED OTHER SCHOLARSHIPS?</b> <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>                                           |    |    |    |
| <b>IF YES, PLEASE INCLUDE THOSE AMOUNTS...</b>                                                                                                                | \$ | \$ | \$ |
| <b>COLLEGES/UNIVERSITIES APPLIED</b><br>(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>                                                                                                                      |    |    |    |
|                                                                                                                                                               |    |    |    |

## APPLICANT'S NARRATIVE

EXPLAIN WHY YOU NEED FINANCIAL ASSISTANCE AND WHY YOU MERIT THIS SCHOLARSHIP.

*(BE AS BRIEF AS POSSIBLE WITH NARRATIVE INSERTED IN THIS SPACE. INCLUDE ANY ADDITIONAL INFORMATION YOU FEEL WILL BE HELPFUL TO THE SCHOLARSHIP COMMITTEE.)*

**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> |             |
| ***PLEASE ATTACH AN OFFICIAL TRANSCRIPT FROM THE SCHOOL MOST RECENTLY ATTENDED AND A COPY OF SAT/ACT SCORES.***                                                                                                         |                                   |                               |             |
| 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"): |                                   |                               |             |
| [A COPY OF STUDENT'S FALL AND SPRING COURSE SCHEDULE, SIGNED AND DATED BY HIGH SCHOOL COUNSELOR SHOULD BE ATTACHED.]                                                                                                    |                                   |                               |             |
| FALL SEMESTER:                                                                                                                                                                                                          |                                   | SPRING SEMESTER:              |             |
|                                                                                                                                                                                                                         |                                   |                               |             |
|                                                                                                                                                                                                                         |                                   |                               |             |
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|                                                                                                                                                                                                                         |                                   |                               |             |
|                                                                                                                                                                                                                         |                                   |                               |             |

**TEST SCORES**

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

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

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



27492 State Hwy 95, Bartlett, TX 76511

**PHOTO & MEDIA RELEASE  
Youth Programs**

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## **CONSENT & AUTHORIZATION**

I, the undersigned parent/guardian, give permission for Bartlett Electric Cooperative to photograph, video, and record my child and use their name, image, likeness, voice, and school for promotional purposes related to youth programs, including social media, websites, publications (such as Texas Co-op Power), news outlets, and other marketing materials.

I understand that these materials may be edited, used in any media format, now known or later developed, and shared without time or geographic limits. I acknowledge that no compensation will be provided and that the Cooperative retains all rights to the media. I waive any right to inspect or approve the final use and release the Cooperative, its employees, and partners from any liability related to the use of my child's likeness.

### **PLEASE CHECK ONE**

☐

I grant permission

☐

I do not grant permission

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Name (*Print*)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Guardian Phone

\_\_\_\_\_  
Guardian Email