To apply for Carol Ann Cone Legacy Scholarship Fund, please:

1. Complete the BCF Scholarship Application Form; and
2. Provide any scholarship-specific addendums (ex: essay, photo) to the application form; and
3. Include a copy of your student aid report or a copy of your FAFSA application; then
4. Submit current transcript

Where applicable, “service to school” is defined as involvement in school activities, such as clubs, service organizations, school government, pep squad, etc.

**Deadline for submission is March 13, 2020, by 5 pm.**

Applications should be mailed or delivered to:

**Bartlesville Community Foundation, Scholarships**

208 E 4th Street

Bartlesville, OK 74003

Applications **must** be completed by the student.

Applicants selected for scholarships will be required to show proof of admission at an accredited college or university prior to grants being paid.

**Award recipients will either be recognized at the high school awards assembly or be notified directly by Bartlesville Community Foundation.**

Applicants with questions may contact Bartlesville Community Foundation at (918) 337-2287.
Carol Ann Cone Legacy Scholarship

Award:
Scholarship awarded to a student intending to pursue a career in education. Up to $1,000 payable to the university, college, junior college, trade or vocational school on behalf of the recipient, following proof of acceptance. Scholarship recipients will also receive a $1,000 grant upon earning their teaching certificate.

Entries will be judged by a selection and review committee. Recipient will be selected based on adherence to prescribe criteria, meaningful content and clarity of essay, and strong character as demonstrated through letters of recommendation.

Eligibility Criteria:

- Bartlesville High School senior in good standing qualifying for graduation
- 3.0 GPA
- Student intends to pursue a degree in education and/or become a teacher
- Consideration given to the applicant’s financial need for a scholarship
- Active in extra-curricular activities especially but not limited to church or Christian organizations, mentoring or helping children, volunteering in organizations that help youth

Application:

- 2 letters of recommendation – at least one from a BHS faculty member
- Typed personal essay addressing the topic “Why I want to teach.”
- A current photo
SCHOLARSHIP APPLICATION FORM
2020

Please clearly complete the applications below in typed or handwritten in pen. Any application that is not legible will not be considered. If additional space is necessary to answer required questions, please add additional typed pages and clearly state which question is being answered.

SCHOLARSHIP NAME: _______________ Carol Ann Cone Legacy Scholarship Fund _______________

STUDENT NAME: __________________________________________________________________________

ADDRESS: _______________________________________________________________________________
Street/mailing address          City          State          Zip

HOME PHONE: ___________________________  CELL PHONE: ___________________________

DATE OF BIRTH: ___________  GENDER: ___ Male  ___ Female  EMAIL: __________________________

NAME OF HIGH SCHOOL: _______________________________  GPA: ______________________

PLEASE LIST AWARDS, HONORS, SCHOOL CLUBS (including office served, if applicable), & EXTRACURRICULAR ACTIVITIES:
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
PLEASE PROVIDE YOUR EMPLOYMENT HISTORY:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

WHAT ARE YOUR COLLEGE PLANS? ______________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

ARE YOU RELATED TO BARTLESVILLE COMMUNITY FOUNDATION EMPLOYEE, BOARD OR COMMITTEE MEMBER? Yes / No

If yes, what is the relationship? __________________________________________________________________

__________________________________________

Signature of student applicant Date

By signing, you acknowledge that all information is true and correct, to the best of your knowledge, and that you, the student, completed the application and any required addendum/essay. The applicant should understand that the intent of collecting and maintaining this data on individuals is for determining eligibility of the applicant, specifically, term grades and transcripts by Bartlesville Community Foundation and the scholarship committee.