

# The Bob Sharp Scholarship

*of* Fairfield Glade United Methodist Church

231 Westchester Drive ♦ Fairfield Glade, TN 38558

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## Scholarship Application

### **Eligibility for Funds**

- Must be a certified candidate for ministry as a deacon or elder.
- Must be in a degree program at a General Board of Higher Education and Ministry University Senate approved school.
- Show financial need for payment of tuition using the Financial Aid Official Recommendation form.
- Must be seeking a Master of Divinity or equivalent with the purpose of serving in parish ministry in the Tennessee-Western Kentucky Conference. (Preference will be given to students from FGUMC; Cumberland County; Caney Fork River District; and churches in TWKUMC Conference).
- Must be enrolled for a minimum of nine hours in both the fall and the spring semesters. (Persons who are in their last semester of seminary before graduation and who need less than nine hours to graduate may be considered as full-time students for the purpose of receiving aid.)
- Must return all forms and application to the church office by April 7, 2025.
- Age will not be a determining criterion.

### **Procedure for Applying for**

### **Bob Sharp Scholarship Funds - Fairfield Glade United Methodist Church**

- Request application from the Church office or download from church website (ffgumc.org).
- Return application and all additional forms to the Church office by April 7, 2025.
- Reapply for future terms by deadlines and repeat process.
- Funds shall be granted for no more than five years.
- The maximum amount of loan assistance for any year is to be determined by the Permanent Endowment Fund of Fairfield Glade United Methodist Church.

### **Application for Fall Semester 2023**

- Attach a brief statement of call to ministry (300-500 words).
- Attach a description of areas in leadership held within the church and/or community.
- Have your District Superintendent send a letter of recommendation which includes verification of your candidacy status.
- Have seminary return the “Student Financial Aid Official Recommendation.”

**Application Form 2023 – Due April 7, 2025**  
**Bob Sharp Scholarship ♦ Fairfield Glade United Methodist Church**  
**231 Westchester Drive ♦ Fairfield Glade, Tennessee 38558**

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- Return all forms by April 7, 2025, to the Bob Sharp Scholarship Committee, Fairfield Glade United Methodist Church, 231 Westchester Drive, Fairfield Glade, TN 38558.

**Personal Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Spouse's Name and Career: \_\_\_\_\_

Children: \_\_\_\_\_ Number and ages: \_\_\_\_\_

Name of Home Church: \_\_\_\_\_

Pastor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of present church, if different from home church: \_\_\_\_\_

What career paths have you followed since graduating from High School? \_\_\_\_\_

**Most Recent Employment History**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Dates of employment: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

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**Undergraduate Information**

Name of college: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Major: \_\_\_\_\_ Degree Received: \_\_\_\_\_ GPA: \_\_\_\_\_

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### **Other Post Graduate Information**

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### **Future Plans for Ministry**

Briefly explain your hopes for using God's gifts in the local church setting: \_\_\_\_\_

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*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

## **Financial Aid Official Recommendation**

I hereby authorize the \_\_\_\_\_ (Name of Seminary) to release the information below to the Bob Sharp Scholarship Committee of Fairfield Glade United Methodist Church.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### **School Recommendation**

(To be completed by the Seminary and returned to Bob Sharp Scholarship Committee of Fairfield Glade United Methodist Church, 231 Westchester Drive, Fairfield Glade, Tennessee 38558.)

School Name: \_\_\_\_\_

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

Student Classification: \_\_\_\_\_ as of (date): \_\_\_\_\_

Seminary: First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Fourth year \_\_\_\_\_

Other (specify): \_\_\_\_\_ Quarter: \_\_\_\_\_ or Semester: \_\_\_\_\_

For how many hours is the student enrolled? \_\_\_\_\_

What was the student's cumulative grade average at the end of the last term; on what scale?

GPA: \_\_\_\_\_ Scale: \_\_\_\_\_ Remarks: \_\_\_\_\_

Do you consider this student a good financial risk? Yes \_\_\_\_\_ No \_\_\_\_\_ Do not know \_\_\_\_\_

Comments: \_\_\_\_\_

Has this student met his/her seminary obligations satisfactorily? Yes \_\_\_\_\_ No \_\_\_\_\_

What are the maximum personal resources of the student? \$ \_\_\_\_\_

What do you consider, after conferring with the student, the minimum financial needs to be for year indicated? \$ \_\_\_\_\_

What financial assistance will the school be giving the student? \$ \_\_\_\_\_

a) Student Loans \$ \_\_\_\_\_ b) Scholarship/Grants \$ \_\_\_\_\_

The scholarship will be paid directly to the school upon enrollment of the recipient. Scholarships may be used for tuition, registration fees, and books.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Registrar or Financial Aid Officer

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_