

John D. Slinkard Vocational Endowment Fund Scholarship Application

2025-26 Academic Year

Sponsored by Fairfield Glade United Methodist Church

231 Westchester Dr.
Crossville, TN 38558

Applicant Information

Full Name: _____

Date of Birth: _____

Social Security Number (Last 4 Digits): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

Family Information

Marital Status: ☐ Single ☐ Divorced ☐ Widowed

Number (Ages) of Dependent Children:

Do your children live with you? ☐ Yes ☐ No

Are you the primary caregiver for your children? ☐ Yes ☐ No

Educational Background

- **High School Attended:** _____
- **Graduation Date:** _____
- **Vocational/Technical School Attended or Planning to Attend:** _____
- **Field of Study:** _____
- **Expected Graduation Date (if currently enrolled):** _____

Financial Information

Annual Household Income: _____

Are you receiving any other forms of financial aid? ☐ Yes ☐ No

If yes, please list the sources and amounts: _____

Personal Statement

Please attach a brief personal statement (500-1000 words) addressing the following:

1. Describe your vocational goals and how this scholarship will help you achieve them.
2. Explain how being a single parent has influenced your decision to pursue this vocational training.
3. Discuss any challenges you have faced in balancing your responsibilities as a parent and a student, and how you have overcome them.

References

Please provide contact information for two references (non-family members) who can speak to your character and commitment to your education:

1. Reference 1:

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

2. Reference 2:

Name: _____

Relationship: _____

Phone Number: _____

Email Address: _____

Certification and Signature

By signing below, I certify that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any false statements may disqualify me from consideration for this scholarship.

Applicant Signature: _____

Date: _____

Submission Instructions

Please submit your completed application form, personal statement, and any other required documents to:

Fairfield Glade United Methodist Church

Attn: John D. Slinkard Vocational Endowment Fund
231 Westchester Dr.
Crossville, TN 38558

Application Deadline:

All applications must be received by [insert specific deadline date] to be considered for the 2025-26 academic year.