

**SHIRLEY A. KILLE MEMORIAL SCHOLARSHIP**  
**EL SOBRANTE UNITED METHODIST CHURCH**  
**670 APPIAN WAY EL SOBRANTE, CA 94803      510-223-0790**

Shirley Kille was a teacher and a master teacher in the WCCUSD for over thirty years. She taught kindergarten through eighth grade. She was loved and respected by her students, students' parents and colleagues. She made such an impression that she was invited to some of her kindergarten students' weddings.



**PURPOSE AND GUIDELINES:** The purpose of this fund is to help a deserving student defray the costs of education in fully accredited community colleges, universities or [non-profit] technical/trade schools. The scholarship will be given in recognition of academic and civic achievement, and need. Students may apply more than once for this scholarship, but first-time applicants will be given priority. One \$1,500 scholarship per year may be granted. A recipient may receive only one Kille scholarship.

**General Eligibility Requirements:**

1. Academic good standing.
2. Evidence in involvement in other activities of benefit to school and community.

**To qualify, applicants must meet and complete the following requirements:**

1. Be a graduating senior from a public high school of the West Contra Costa Unified School District, **or**
2. Be a WCCUSD high school graduate and attending *full-time* any community college, university, or accredited technical/trade school for the academic year for which the award is to be granted.
3. First time applicants, in addition to completing an application form, must attach the following:
  - a. A current transcript of courses taken and grades achieved. A minimum GPA of 2.5 is required.
  - b. Proof of enrollment in a qualifying college or university or accredited technical/trade school.
  - c. Two or more written letters of recommendation from teachers, coaches, employers, advisors, church members or pastor, and/or other unaffiliated persons who know the applicant.
  - d. A one-page essay or statement presenting your education goals and activities.
4. Prior applicants, in addition to completing the application, must attach the following items:
  - a. Transcript of work taken at college/university/technical school with a minimum 2.5 GPA.
  - b. Two or more written recommendations, as above.
  - c. A one-page essay or statement of your college experiences, goals, and activities.

**Additional Information:**

1. Applications are available online or from the church office, beginning **March 27<sup>th</sup>**.
2. The completed application, together with the required attachments, must be returned to the church office by **May 15<sup>th</sup>** of the year prior to entry or re-entry to a qualified higher education college, university or school.
3. The Scholarship committee will request a short interview with candidates in order to reach a decision. The Scholarship Committee's decision will be final.
4. Scholarship recipients will be formally presented to the congregation at a Sunday worship service at a mutually agreed upon date. During this time, each recipient will talk briefly about his/her educational experiences and plans for the coming year.
5. Checks will be mailed to each recipient in August after recipient provides scholarship committee with proof of Fall enrollment—i.e. class schedule or paid fees statement.

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**SHIRLEY A. KILLE MEMORIAL SCHOLARSHIP APPLICATION**  
**EL SOBRANTE UNITED METHODIST CHURCH**  
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**STUDENT DATA SHEET (PLEASE COMPLETE ALL ENTRIES)**

Applicants' Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print or type clearly)

Home Address: \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Graduate of WCCUSD high School? \_\_\_\_\_  
(Name?? Attach copy of diploma/final transcript)

I am *currently enrolled* as a \_\_\_\_\_ year student at the following school:

Name of School? \_\_\_\_\_ Most Recent GPA? \_\_\_\_\_  
(Minimum 2.5)

Address: \_\_\_\_\_  
(# Street) (City) (State) (Zip)

Favorite High School or College subjects? \_\_\_\_\_

This fall *I plan to attend* as a \_\_\_\_\_ year student at the following school:

Name of College or Technical School: \_\_\_\_\_

What is or will be your Undergraduate Major? \_\_\_\_\_

What subject or experiences led you to this choice? \_\_\_\_\_

Extra-Curricular Activities? \_\_\_\_\_

Career Aspirations? \_\_\_\_\_

Interests, Hobbies, Talents? \_\_\_\_\_

Volunteer Community Service and/or Church activities? \_\_\_\_\_

What other scholarships have you received? \_\_\_\_\_

From whom: \_\_\_\_\_

Are you now or have been employed? \_\_\_\_\_ How Long employed? \_\_\_\_\_

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

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

Job title: \_\_\_\_\_ Duties: \_\_\_\_\_

I am seeking financial assistance under the terms and conditions of the **Shirley A. Kille Memorial Scholarship** listed in the Guidelines and Purpose on the reverse of this application. I understand that any financial assistance given to me will be for the continuation of my education. I also understand that the money I receive will be in the form of a grant, and I will not have to pay back any funds received if used for tuition, fees, books, and/or required equipment (e.g. computer, etc.) at the above mentioned school.

**Applicant's Signature:** \_\_\_\_\_ **DATE** \_\_\_\_\_

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**FAMILY DATA SHEET (PLEASE COMPLETE ALL ENTRIES)**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

School Currently Attending: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Employer (If self-employed, describe type of business): \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_

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

Employer (If self-employed, describe type of business): \_\_\_\_\_

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

Other Children in the home, attending school:

Name:	Age:	School:	Grade:
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_____	_____	_____	_____
_____	_____	_____	_____

Additional Information:

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