

SHIRLEY A. KILLE MEMORIAL SCHOLARSHIP
EL SOBRANTE UNITED METHODIST CHURCH
670 APPIAN WAY EL SOBRANTE, CA 94803 510-223-0790
ESUMC E-mail: www.esumconline.org



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 residence at 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. One \$1,500 scholarship per year may be granted for college expenses.

General Eligibility Requirements:

1. Academic good standing.
2. Evidence of involvement in 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,
2. 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 in residence enrollment at 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.

Additional Information:

1. Applications are available online or from the church office, beginning **February 20th**.

www.esumconline.org
 2. The completed application, together with required attachments, must be returned to the church office by **May 10th** of the year prior to entry to a qualified, accredited higher education college, university or [non-profit] technical/trade school.
 3. The Scholarship committee may 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 a recipient in August after recipient provides the 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
670 APPIAN WAY EL SOBRANTE, CA 94803 510-223-0790
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)

Favorite High School subjects? _____

Extra-Curricular Activities? _____

Volunteer Community Service and/or Church activities? _____

Interests, Hobbies, Talents? _____

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

Name of College or Technical School: _____

What will be your Undergraduate Major? _____

What subjects or experiences led you to this choice? _____

Career Aspirations? _____

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:
