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 or over thirty years. She taught kindergarten through eighth grade. She was loved and respected by her VWXGHQWVVVVWXGHdQUeAlgvless. SS Deuthlade With an Conference in that she was invited to VRPHRIKHUNLQGHUJDUWHQVWXGHQWV¶ZHGGLQJV

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

and need. Students

may apply more than once for this scholarship, but first -

SHIRLEY A. KILLE MEMORIAL SCHOLARSHIP APPLICATION EL SOBRANTE UNITED METHODIST CHURCH

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STUDENT DATA SHEET (P LEASE COMPLETE ALL E NTRIES)

\$SSOLFDQ <u>WV¶ 1DPH</u> (Please print or type		Date:	
Home Address:			
(Street)	(City)		
Home Phone: C	ell Phone:		
Graduate of WCCUSDhigh School?			
	(Name?? Attach copy	y 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	yea	r student at the following school:	
Name of College or Technical School			
What is or will be your Undergraduate Majo	or ?		
What subject or experiences led you to this	s choice		
Extra-Curricular Activities?			
Career Aspirations?			
Interests, Hobbies, Talents?			
Volunteer Community Service and/or Chur	ch activities ?		
What other scholarships have you received	d?		
From whom:			
Are you now or have been employed?	How Long e	mployed?	
Employer:			
Work Address:			
Job title:	Duties:	_ 	
I am seeking financial assistance under the terms a listed in the Guidelines and Purpose on the reverse given to me will be for the continuation of my education of a grant, and I will not have to pay back any equipment (e.g. computer, etc.) at the above mention \$5.50 LEDOW ¶V 6LLODW XILE	of this application. I undention. I also understand the funds received if used for oned school.	erstand that any financial assistance at the money I receive will be in the	

SHIRLEY A. KILLE MEMORIAL SCHOLARSHIP