



**Cañada Auxiliary of Professionals of  
Assistance League® of Flintridge**

**Scholarships  
for two-year college or occupational program**

The Cañada Auxiliary of Professionals of Assistance League® of Flintridge grants scholarships to students for their use in furthering their education.

**PURPOSE AND ELIGIBILITY**

The purpose of the CAP Scholarship is to provide financial assistance and encouragement to students who will be attending **two-year colleges** or **occupational programs**.

Applicants must meet the following MINIMUM requirements:

- Attend a school in the La Cañada Flintridge School District, Glendale Unified School District, Pasadena City College or Glendale Community College
- G.P.A. of 2.5
- Will enroll in a **two-year college** or **occupational program in Fall 2023**

Applicants must provide to the CAP Scholarship Committee:

- A completed CAPs Scholarship Application Form
- A one-page typed personal essay not to exceed 300 words, addressing your career goals, achievements, talents, character traits, experiences, and activities in various areas of your life (i.e.: school, work, religious organizations, volunteer activities, community, etc.). Please include any other information that you feel the CAP Scholarship Committee should know regarding your suitability for this scholarship.
- Verification of grades by transcript
- A letter of recommendation with completed CAPs Scholarship Recommendation Forms, in sealed envelope
- Résumé

**APPLICATION PROCEDURE**

Interested persons can request a CAP Scholarship Application Packet from their school counselor, online or from:

**Cañada Auxiliary of Professionals**  
Assistance League® of Flintridge  
4607 Oakwood Avenue  
La Cañada Flintridge, California 91011/12  
Telephone (818) 790-1328

**DEADLINE**

The deadline for the receipt of applications and all supporting materials is **Friday, May 5, 2023** - the current school year. **Return application and materials to Canada Auxiliary of Professionals of Assistance League® of Flintridge to the above address. All applications received after the deadline will be disqualified.**

The CAP Scholarship Committee will rate applicants on their qualifications, and the most highly ranked students may be invited to a personal interview.

A CAP member will present the CAP Scholarship Certificate at the school's awards ceremony. Scholarship monies will be distributed to the financial aid office of the designated school upon proof of the recipient's registration.

Immediate family members of Assistance League® of Flintridge and CAP are not eligible for the scholarship.



# Cañada Auxiliary of Professionals of Assistance League® of Flintridge

## SCHOLARSHIP APPLICATION FORM

for students attending a **two year college** or an **occupational program**

**Deadline Friday, May 5, 2023**

Please type or print

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ ( ) \_\_\_\_\_  
Number/Street/Apr. # City Zip Phone

School: \_\_\_\_\_ ( ) \_\_\_\_\_  
School Name School Address School Phone

Year of high school graduation: \_\_\_\_\_ Date of birth: \_\_\_\_\_  Female  Male

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

Immediately after high school I plan to enter: (You must check the one that best describes your current plans.)

- Certification or Licensing Program  Training Program
- Trade/Technical School  Community or Junior College

The career goal I intend to pursue is: \_\_\_\_\_

Name of **two-year colleges** or **occupational programs** to which I will apply: \_\_\_\_\_

Two-year college or occupational program I will be attending: \_\_\_\_\_

### **RECOMMENDATIONS**

**Completed Scholarship Recommendation Form**, validating your accomplishments, must be submitted as part of the CAP Application Packet. Please list below the names and phone number(s) of the person who will be providing this recommendation for you; they may not be the applicant, his/her relative or legal guardian(s), or anyone under 21 years of age. The completed Recommendation Forms must be **returned to you** in sealed envelope and submitted to CAP in your Application Packet, which is due **no later than May 5, 2023**.

Name: \_\_\_\_\_ (association with applicant, i.e.: counselor, minister, etc.)  
Last First Title (Dr./Mr./Mrs./Ms.)

daytime phone: ( ) \_\_\_\_\_ evening phone: ( ) \_\_\_\_\_

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



# Cañada Auxiliary of Professionals of Assistance League® of Flintridge

## SCHOLARSHIP RECOMMENDATION FORM

*Due to applicant by April 28, 2023*

APPLICANT'S NAME \_\_\_\_\_  
Last First Middle Date

### TO BE COMPLETED BY THE EVALUATOR (teacher, professor, counselor, etc.)

Name of Evaluator: \_\_\_\_\_ Title: \_\_\_\_\_

Relationship to the applicant: \_\_\_\_\_ Length of acquaintance: \_\_\_\_\_

*In comparison to other students, I would rate this candidate as:*

|                 | Exceptional              | Above Average            | Average                  | Below Average            | No Basis for Comparison  |
|-----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Maturity        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motivation      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Self-Confidence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Leadership      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Commitment      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*I would recommend this candidate:*

|                       | Enthusiastically         | Strongly                 | Fairly Strongly          | Strongly                 | Unknown                  |
|-----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Potential for success | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Character             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### TO THE EVALUATOR:

On the back of this form or on a separate paper, please provide the CAP Scholarship Committee with your brief assessment of the candidate. Of particular interest to the Committee are:

- The student's ability to overcome obstacles and succeed.
- The student's interests, work/study habits, achievements, and future goals.
- A statement or statements that might provide additional insight about the applicant.

*This form must be returned to the scholarship applicant in a sealed envelope no later than April 28, 2023.*

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

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