



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 2025**

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
Telephone (818) 790-1328

DEADLINE

The deadline for the receipt of applications and all supporting materials is **Friday, May 2, 2025** - 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 2, 2025

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 2, 2025**.

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

daytime phone: () _____ evening phone: () _____

Email: _____

Cañada Auxiliary of Professionals of Assistance League of Flintridge

SCHOLARSHIP RECOMMENDATION FORM *Due to applicant by April 25, 2025*

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 25, 2025.

Signature: _____

Date: _____