



**Cañada Auxiliary of Professionals
of Action League of the Foothills
4607 Oakwood Avenue, La Cañada Flintridge, CA 91214**

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

The Cañada Auxiliary of Professionals of Action League of the Foothills 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 2026**

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 at <https://alfoothills.org/programs/scholarships/> or directly from CAP at 4607 Oakwood Avenue, La Cañada Flintridge, CA 91011, (818) 790-1328, info@alfoothills.org.

DEADLINE

The deadline for the receipt of applications and all supporting materials is **Friday, May 1, 2026** - the current school year. **Return application and materials to Cañada Auxiliary of Professionals of Action League of the Foothills 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 Action League of the Foothills and CAP are not eligible for the scholarship.



Cañada Auxiliary of Professionals of Action League of the Foothills

SCHOLARSHIP APPLICATION FORM

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

Deadline Friday, May 1, 2026

Please type or print

Name: _____ SS# _____
Last First Middle

Address: _____ () _____
Number/Street/Apt. # 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 1, 2026**.

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

Daytime phone: () _____ Evening phone: () _____

Email: _____

