

**COUNCIL OF AFRICAN AMERICAN PARENTS (CAAP)**  
**SCHOLARSHIP AWARD PROGRAM**  
Serving the San Gabriel Valley, Pomona Valley, and Inland Empire

**PURPOSE:**

To recognize outstanding high school students attending schools or residing in the San Gabriel Valley or Inland Empire, who have achieved success through academic achievement, participation in extracurricular activities, made significant contributions in the area of community service, or any combination thereof.

**ELIGIBILITY CRITERIA:**

Successful candidates must be African American, a graduating senior, possess a **minimum GPA of 2.0**. He or she must exemplify CAAP's educational, social and cultural values through participation and/or achievement in related activities. Candidates must be planning to further his or her education, training and development at an accredited institution of higher learning, including community college, vocational or trade school, college, or university.

**APPLICATION PROCESS:**

- A. Applicant must submit a completed application form and ALL requested information by:  
**Friday, March 5, 2010 (postmarked)**
- B. The following must be enclosed with the application (\*except item #6, which is due by June 13, 2010).
1. Sealed Official High School Transcript verifying cumulative GPA.
  2. Two recommendations from a teacher, guidance counselor or other school administrator identifying positive student qualities, and contributions to the school. Areas may include leadership, extracurricular activities and community service.
  3. Proof of acceptance to a college, university, community college, vocational or trade school.
  4. A personal reference or a recommendation from a church or community service organization describing your contributions.
  5. A two-page essay, **typed**, double-spaced, addressing the following:
    - your goals;
    - how achieving your goals will help prepare you for the future;
    - how your education will be used to improve your community and society.
  6. **\*\* Must submit Proof of Registration to college, university, community college, vocational or trade school, which may include (but not limited to) a copy of:**
    - online or school supplied receipt or confirmation of paid registration tuition and/or fees
    - Statement of Intent to Register (SIR) (from University of California schools)
    - cancelled check showing paid registration tuition and/or fees

Proof of Registration may be mailed to the CAAP offices or hand delivered at the CAAP Annual Student Recognition Luncheon by June 13, 2010.

- C. Applications and additional requested information must be post marked by **Friday, March 5, 2010 (postmarked)** and mailed to:

**The Council of African American Parents**

23441 Golden Springs Drive, #243

Diamond Bar, CA 91765

Attention: Darla Higgins, Chairperson

**Late or incomplete applications will not be considered.**

**AWARD NOTIFICATION**

- Scholarship Recipients will be notified via letter, telephone, and/or email by Friday, April 23, 2010.
- Scholarship Recipients will be recognized at their respective school's awards ceremony.
- Scholarship Recipients will also be recognized at the Council of African American Parents Annual Student Recognition Luncheon, which is held on Sunday, June 13, 2010.
- Scholarship checks will be disbursed at the CAAP Student Recognition Luncheon.
- Attendance at the Council of African American Parents Annual Student Recognition Luncheon is **MANDATORY** in order to receive your award.

For additional information, contact:

Darla Higgins at (909) 896-8695



**CAAP Scholarship Award Application**

**Page 2**

**C. HONORS / AWARDS:**

Please list any honors or awards you received while in high school. Please include recognition for community service activities. *Please attach a separate sheet of paper if additional space is needed.*

Achievement/Award	School Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**D. COMMUNITY / VOLUNTEER SERVICE:**

Please list community service activities while in high school. **Verification** of community service must be provided. *Please attach a separate sheet of paper if additional space is needed.*

Activity	School Year
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**E. EMPLOYMENT / SUMMER JOBS**

Briefly state how you have benefited from this work experience.

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