



California League of Food Producers/Processors
(CLFP) MEMBER
2026-2027 SCHOLARSHIP APPLICATION

DEADLINE: Postmarked by Wednesday, September 30, 2026

The following items MUST accompany this application:

- Official/unopened transcripts of the last two years of study
Two letters of recommendation
Official proof of enrollment
Application essay
Signature

\*If any sections on this application do not apply to you, please indicate with "N/A." Do NOT leave blank.
Incomplete applications will be disqualified.\*

- I am an employee of a CLFP member company
I am the dependent of a CLFP member employee

Member Company

Personal Information

Student/Applicant Name First Middle Initial Last

Permanent Mailing Address Street Address or PO Box

City State Zip

Phone Email Address

Student Mailing Address Street Address or PO Box

City State Zip

Male Female

Parent/Guardian Information working at member company

Name Relationship

Phone Number of years with Member Company

College/University Information

College or University where you are enrolled

Date of Enrollment Expected Date of Graduation

Major Course of Study

For what occupation are you preparing?

## Grades and Academics

Current GPA \_\_\_\_\_

List high school, junior college(s) and other college(s) attended - including your present school.

School Name	City/State	Major	Dates Attended	GPA
High School				
Junior College				
College				
College				

## Work Experience

List your work experience during the past **four years**.

Company	Position	Date of Employment To/From	Hours Per week

## Extracurricular Activities/Special Honors and Awards

List all extracurricular activities (school and community) you have participated in during the past **four years** without pay (i.e. Red Cross, church, work, sports, volunteer work, etc.). Attach additional page if necessary.

School/Organization	Activity	# of Years	Contact Name	Phone

List any special honors or awards you have received. \_\_\_\_\_

---



---



---



---

## Financial Need

List all financial aid including scholarships as well as the estimated awarded dollar amounts that you will receive for the present school year.

Type of Aid	Name (list all for each category per type)	Total Amount
Student loan		\$
Tuition Waiver		\$
Grants		\$
		\$
Scholarship(s)		\$

List of dependent members of immediate family.

Name	Relationship to Parent	Age	Year in School	School Name

Please indicate any family or personal circumstances you feel warrant special consideration. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Letters of Recommendation

Applicant must submit **two (2)** letters of recommendation, written within the last 12 months and preferably on letterhead. **Be sure each letter has a date of creation and is signed by the author.** The persons writing the letters must be individuals **NOT** related to the applicant and cannot be a student peer. List names and phone numbers below.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_

## Application Essay

On a separate piece of paper, please type or print legibly reasons for your choice of study and your plans for your professional career.

*Note: Applicant **MUST** complete this essay in order for application to be considered complete! Failure to submit this essay will result in disqualification.*

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_