

THE COLORADO
I HAVE A DREAM.
FOUNDATION

Colorado "I Have A Dream" Educational Assistance Request Form

Name: _____ Date: _____

Address: _____

Phone Number: _____

Email address: _____

College or Trade School: _____

Current major: _____

Current grade level: _____

Who to make check payable to: _____

Amount of payment: _____

Address to send payment: _____

Student ID number: _____

Copy of invoice or bill attached: _____

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