



Partial Educational Assistance Request Form

*Please complete and submit to CIHAD
Mail: 1836 Grant St., Denver, CO 80203
Fax: 303.861.5008
Email: sdreiling@cihadf.org*

Name: _____ Date: _____

Address: _____

Phone Number: _____

Email Address: _____

College or Trade School: _____

Current Major: _____

Current Grade Level: (i.e. Freshman) _____

Student ID Number: _____

Who to Make Check Payable to: _____

Amount of Payment: _____

Address to Send Payment: _____

Please attach the following:

- Copy of upcoming semester's **tuition bill** from Bursar's office
- Proof of completed current **FAFSA**
- Copy of current **financial aid award letter**
- Copy of current **transcript** demonstrating satisfactory academic progress (at least 2.0 cumulative GPA)