



## Partial Educational Assistance Request Form

*Please complete and submit to CIHAD*  
Mail: 1836 Grant St., Denver, CO 80203  
Fax: 303.861.5008  
Email: [mwilliams@cihadf.org](mailto:mwilliams@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)