Financial Aid Office
Confluence Rm- 120
Campus Box 206
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-5458
Phone: 303-556-5503
Email: financialaid@ccd.edu
Website: www.ccd.edu/finaid

COMMUNITY COLLEGE OF DENVER

CCD GATEWAY SCHOLARSHIP REQUEST FORM

First Name: _____ Last Name: _____

SID#: S_____ Phone: _____

Email: _____@student.cccs.edu

Note: Your official CCD email account is the only email CCD will accept for correspondence.

Scholarship Criteria:

Student must submit an official high school transcript and have a current cumulative GPA of at least a 2.0

Term/Academic Year:

☐ Fall 20_____ ☐ Spring 20_____ ☐ Summer 20_____

Documentation provided and Information verified:

☐ Official High School Transcript   ☐ 2.0 GPA

Amount to be awarded: $ _____

Special instructions: _____

_____

Requestors Name: _____

Signature: _____ Date: _____/_____/20_____

Internal Use Only

Completed by: _____

Signature: _____ Date: _____/_____/20_____