



**CCD.edu/Foundation**  
**CCD.Foundation@CCD.edu**

**Please read the following statement and sign below if you agree to the terms:**

By filling out this form I wish my application to be considered for all available scholarships administered by the **Community College of Denver Foundation [FOUNDATION]** for which I qualify. I understand that scholarships may be adjusted or withdrawn based on changes in my academic status or failure to meet scholarship requirements.

By indicating agreement, I authorize the following information about myself be disclosed and shared amongst the **Community College of Denver**, the **FOUNDATION** and **scholarship donor(s)** for the sole purpose of applying for, awarding, and administering financial aid:

- Federal Financial Aid information from my “Free Application for Federal Student Aid” (FAFSA);
- State Financial Information from my “Colorado Application for State Financial Aid” (CASFA); and
- “Education record” information in the custody of the College such as GPA, Birthdate, Nationality, and Address in adherence to the “Family Educational Rights and Privacy Act” (FERPA).

This authorization is effective for a period of 24 months.

Further, if I receive a scholarship, I consent to information included within my application being shared with the scholarship donor(s), and understand that I may be asked to provide future information to the FOUNDATION and/or the scholarship donor(s).

Student Name (print):

S#:

Phone#:

Current address (City/State/Zip code):

Date of Birth:

Email:

@student.cccd.edu

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