



**THE CAUSE FOUNDATION/BERNI SCHAFFER MEMORIAL  
SCHOLARSHIP PROGRAM**

**SCHOLARSHIP PAYMENT RENEWAL REQUEST**

**1<sup>st</sup> Term**

Student Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Name of Institution: \_\_\_\_\_

Office which handles tuition/fees: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Your home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date tuition payment is due: \_\_\_\_\_

*If you have maintained a 2.5 out of 4.0 GPA and wish to renew your  
Scholarship, send this notice with an official college transcript for your  
last completed college year and proof of enrollment/class registration  
for the upcoming academic year to:*

The CAUSE Foundation  
PO Box 461163  
Aurora CO 80046

***Payment requests need to be received by The CAUSE Foundation  
at least two weeks prior to the due date.***

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For Office Use Only

Amount: \$ \_\_\_\_\_

First: \_\_\_\_\_

Recipient: \_\_\_\_\_

Second: \_\_\_\_\_

Payment Due Date: \_\_\_\_\_

One time only: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

Check #: \_\_\_\_\_