



THE CAUSE FOUNDATION/BERNI SCHAFFER MEMORIAL SCHOLARSHIP PROGRAM

SCHOLARSHIP PAYMENT REQUEST

1st 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: _____

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

*To receive scholarship payment for the term, return this form
along with a copy of your class registration to:*

The CAUSE Foundation
PO Box 550
Parker CO 80134

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For Office Use Only

Amount: \$ _____

First: _____

Recipient: _____

Second: _____

Payment Due Date: _____

One time only: _____

Date of Payment: _____

Check #: _____