



University of Colorado Camp Scholarship Donation Request Form

Camp Name: _____ Name of Requestor: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Organization/Institution to receive scholarship: _____

Provide a description of the Organization/Institution that will receive the scholarship. (What is their mission?, Do they have a Tax ID number?, etc.) _____

Brief description of the type of summer sports camp the scholarship recipient will receive: _____

Estimated cost to the summer sports camp/University in order to donate scholarship: _____

Will the summer camp scholarship be used in a fundraiser for the Organization/Institution? _____

Can the Camp Director confirm that the scholarship will not be awarded to a High School Athletics Award Winner? Yes No

As camp director, I am signing below to indicate that our camp would like to donate the above requested scholarship. Additionally, I affirm that all of the above information is accurate.

Camp Director Signature: _____ **Date:** _____

Comments: _____

<i>Athletic Department Use</i>	
<input type="checkbox"/> may donate scholarship	
<input type="checkbox"/> may <u>NOT</u> donate scholarship to this organization	
_____	_____
Athletics Director or Designee	Date