

HCPF CIVHC Scholarship Application

Date Submitted to HCPF: _____

FINAL DECISION FROM HCPF: _____ Date of Decision: _____

Approved: _____ Disapproved: _____ Reason for Disapproval _____

Project Information	
Project Number and Title:	
Date of Request:	
Organization Requesting Data:	
Contact Person:	
Title:	
E-mail:	
Phone Number:	
Person Responsible for the Project (if different than above):	
Title:	
E-mail:	
Phone Number:	

Colorado Based Organization:

Yes: No:

Scholarship Eligibility:

- Non-profit, less than \$10M (include recent 990)
- Governmental entity, including federal, state or local governmental entities (with the exception of HCPF, administrator of the program) and public state supported institutions of higher education

Type of Researcher/Organization:

Data Release Review Committee (DRRC) Approval:

DRRC and HCPF Scholarship Subcommittee feedback:

Project Purpose:

Research Questions to be Addressed:

Type of Data Requested:

Total: \$

Scholarship Request: \$

Data Requestor Portion: \$

Attachments Included:

- Application
- Supplemental Application
- Financial Document (i.e. 990, Budget, etc.)
- Data Release Fee (DRF)