

MEMORANDUM

TO: All Paramedic Students

FROM: Public Service Staff

SUBJECT: Approval to apply COF

I (student name) _____, give the staff at the Community College of Aurora approval to apply my Colorado Opportunity Fund (COF), for the following semester(s) while I am attending the Paramedic program.

- Spring 2024
- Summer 2024
- Fall 2024
- Spring 2025 (if needed)

Student S# _____

Signature of Student: _____ Date: _____

Signature of Witness: _____ Date: _____