

ATTENTION All New or Current College Students:

You are invited to apply for a \$500 scholarship awarded by Central Florida Higher Education Alliance (CFHEA).

CFHEA is a higher education professional association comprised of regionally accredited colleges and universities in the greater Orlando Metropolitan and surrounding areas. The CFHEA awards two Inspirational Student Scholarship Awards every 6 months.

To be eligible, applicants must be enrolled at a CFHEA member school, submit a one-page essay, and provide one letter of recommendation.

To apply, fill out the application form on the back of this flyer and submit to osso@nova.edu.

For additional information please contact us at 407-264-5632 or osso@nova.edu.

CENTRAL FLORIDA HIGHER EDUCATION ALLIANCE

Advent Health University – American College of Education – Chamberlain University – Barry University Florida Southern College – Galen College – Grand Canyon University – Herzing University – Keiser University National University – Nova Southeastern University – Palm Beach Atlantic University - Polk State College – Post University – Rasmussen University – Saint Leo University

St. Thomas University – South University – Stetson University – Troy University – University of Arizona Global Campus – University of Phoenix – University of Texas Arlington – Warner University – West Coast University – Western Governors University

Inspirational Student Scholarship

Submit to CFHEA board:

Essay: Minimum 1-page, answering the following questions: What are your current educational and professional goals, and how have you been inspired by your studies?

Letter of Recommendation: Provided by current employer, academic advisor, or faculty.

January th	rough June 2024: deadl	ine June 1 st , 2024	
June through December 2024: deadline December 13th, 2024			
Email the completed scho above.	larship packet to osso@	nova.edu no later tha	n the deadline stated
First Name	Last N	Last Name	
Mailing Address	City	St.	Zip Code
Home Address (if different from mailing address)		Date of Birth	
Email address		Phone Number	
Employment and Educatio	nal Information:		
CFHEA Member University you attend?		Degree:	
Employer?			
Statement OF ACCURACY			
I hereby affirm that all the above	e stated information provided	by me is true and correct	to the best of my knowledge.
I consent that my name, picture	, and university may be include	led in CFHEA press relea	ses or other media outlets.
Signature of Scholarship Applic	ant:	Date	: