

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 – Barry University - Chamberlain University – Colorado Technical 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 College - South University – Southeastern 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.

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