



National Alumni Association Student Scholarship "A Program for Students"

In support of students enrolled in Florida Memorial University, please apply my gift of \$2,500 \$1,000 \$500
\$250 \$100 \$50 to Student Scholarship Program.

Signature _____

Name _____ Grad. Year _____ Major _____

Address _____

City _____ State _____ Zip _____

Telephone: (Home) _____ (Work) _____

Please make checks payable to: Florida Memorial University

Office of Alumni Affairs • 15800 N.W. 42nd Avenue • Miami • Florida 33054

Phone (305) 626-3658 Fax (305) 623-8713

Contributions are tax-deductible



National Alumni Association Student Scholarship "A Program for Students"

In support of students enrolled in Florida Memorial University, please apply my gift of \$2,500 \$1,000 \$500
\$250 \$100 \$50 to Student Scholarship Program.

Signature _____

Name _____ Grad. Year _____ Major _____

Address _____

City _____ State _____ Zip _____

Telephone: (Home) _____ (Work) _____

Please make checks payable to: Florida Memorial University

Office of Alumni Affairs • 15800 N.W. 42nd Avenue • Miami • Florida 33054

Phone (305) 626-3658 Fax (305) 623-8713

Contributions are tax-deductible