



# Scholarship Application - Letter of Support

## Applicant

Please complete this section before passing to referee.

NAME	
PROGRAM	
UNIVERSITY	

## Referee

Continuing professional competence is of vital concern to the Association and it is through this scholarship that members can be assisted in further study. Please comment on the professional and personal merit of the applicant and provide any information you feel would be appropriate. This information will be considered confidential. **Please forward the completed form to the APEGNB office ([info@apegnb.com](mailto:info@apegnb.com)) by September 30.**

COMMENTS:

SIGNATURE	
NAME (please print)	
DATE	
POSITION	
EMPLOYER	
EMAIL	