



# SCHOLARSHIP APPLICATION

## LETTER OF SUPPORT

**Applicant:** Please complete this section before forwarding 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 save completed form and forward to the APEGNB office ([info@apegnb.com](mailto:info@apegnb.com)) by September 30<sup>th</sup>.

COMMENTS	
SIGNATURE	
NAME (please print)	
DATE	
POSITION	
EMPLOYER	
EMAIL	