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SCHOLARSHIP APPLICATION

Letter of Support

APPLICANT	
Please complete	e this section before passing to your professor.
APPLICANT NAME	E
PROGRAM	
UNIVERSITY	
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	t on how the applicant has shown leadership at your University and acts as a role model to other o encourage them to pursue an education in engineering. This information will be considered
Please fo	orward the completed form to the APEGNB office (info@apegnb.com) by September 30 th .
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