

SCHOLARSHIP APPLICATION

Letter of Support

APPLICANT

Please complete this section before passing to your professor.

APPLICANT NAME

.....

PROGRAM

.....

UNIVERSITY

.....

PROFESSOR

Please comment on how the applicant has shown leadership at your University and acts as a role model to other young women to encourage them to pursue an education in engineering. This information will be considered confidential.

Please forward the completed form to the APEGNB office (info@apegnb.com) by October 31st.

COMMENTS:

SINGATURE

DATE

.....

NAME (print)

.....

POSITION

.....

UNIVERSITY

.....

EMAIL

PHONE

.....