

## SCHOLARSHIP APPLICATION

### Letter of Support

#### APPLICANT

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*Please complete this section before passing to your professor.*

APPLICANT NAME

.....

PROGRAM

.....

UNIVERSITY

.....

#### PROFESSOR

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*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](mailto:info@apegnb.com)) by October 31<sup>st</sup>.***

COMMENTS:

SINGATURE

DATE

.....

NAME (print)

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POSITION

.....

UNIVERSITY

.....

EMAIL

PHONE

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