Myriam Augustin Memorial Scholarship REFERENCE FORM

APPLICANT'S NAME: _____

REFEREE'S NAME: _____

ADDRESS: _____

_____

_____

POSTAL CODE: _____

PHONE NUMBER: _____

EMAIL: _____

CAPACITY IN WHICH YOU KNOW THE APPLICANT: _____

We would appreciate your written evaluation of the candidate stating why you consider them qualified for this scholarship. The Scholarship Committee would appreciate your knowledge and evaluation of the candidate in one or more of the following areas:

- Engagement with social justice, feminism, and diversity;
- Interest in studying diverse languages and cultures;
- Concern for the welfare of animals and the environment.

Your evaluation may include relevant activities and accomplishments from the past as well as relevant plans for the future.

PLEASE SUBMIT THIS FORM, ALONG WITH YOUR REFERENCE LETTER BY MAIL OR EMAIL BY MAY 22:

MYRIAM AUGUSTIN SCHOLARSHIP COMMITTEE
Champlain Regional College
SECCL Mailbox
2580 College Street
Sherbrooke (Québec) J1M 2K3

OR by email: seccl@crcmail.net