NOMINATING RECOMMENDATION FORM

STATEMENT OF SUPPORT BY UNIVERSITY/COLLEGE PROFESSOR OR SUPERVISOR

Name of candidate applying for scholarship: _____

In a brief statement please share why this candidate will likely excel as a CPA and the relative need for financial and professional support to achieve this professional goal.

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Name and position of nominator submitting the application: _____
_____

University/College/Business: _____
_____

Contact information:
Primary Phone: (_____) _____- _____
Email: _____