

## **Letter of Reference for 2016 NMSCPA Scholarships**

Applicant:	Last Name		First Name		
Accountants. candid evalua		hree statement fields vital to the selection	below in relation to process. This form	the individual applyi	f Certified Public ng for a scholarship. Your ne at <u>www.nmscpa.org</u> or
DEADLINE: A	April 30, 2016				
	r describe the applica unting profession.	nt's outstanding talen	its, abilities and per	sonal attributes as th	ey relate to serving the
	ribe the applicant's ch ssional activities.	ief areas needing imp	provement and the	effects on the applica	nt's academic or
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3.	does the applicant work better individually? What r	ork in groups. Is the applicant an effective group member or ole does the applicant assume within the group?
4.	Other Information: This space is provided for additi	ional information that you feel is relevant to the applicant.
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	Name of Evaluator	Signature
	Position	Capacity in which you have known applicant
	Organization	Length of time which you have known applicant
	Street or Box Address	Date
	City, State, Zip	Return completed form to:  NMSCPA Scholarships 3400 Menaul Blvd. NE Albuquerque, NM 87107-1818
	Phone Number	Fmail: kelcy@nmscna org

Fax: 505-246-1686