## Indianapolis Alumnae Panhellenic Scholarship Applicant Statement of Support



As a member of the	(college/u	niversity faculty or	
local organization), I am pe	sonally familiar with and fully support th	e application of	
	(applicant's name) for an India	napolis Alumnae	
Panhellenic Scholarship.			
Printed Name			
Organization Title			
Date			
Signature			
Please provide below a brief, the applicant's worthiness to r	et specific statement detailing your persona ceive this scholarship.	I knowledge or experience o	of
	t electronically, to the applicant for submission is the submission of the submission is the submission of the submissio		
Thank you very much for your	ssistance to IAP in selecting the most qualif	ied candidates.	
Best regards,			
Kay Nelson Gable 1 <sup>st</sup> Vice President Indianapolis Alumnae Panhelle 14365 Laura Vista Drive Carmel IN 46033	nic		
women in the greater Indianap	nhellenic (IAP), founded in 1914, is an asso blis Metropolitan area, dedicated to developr Iman service through mutual respect.		
Applicant Last Name	Stmt of Support:	Coll/Univ Affil Org	j