**Ireland Healthcare Scholarship Program 2022**

Reference/Teistiméireacht*(Confidential)*

Name of Applicant:

# Please place a tick or cross mark in each box:-

1. I hereby verify that the Applicant has attended secondary school in County Donegal for the last two years
2. I hereby verify that the Applicant will sit and/or be assessed for the Leaving Cert Examinations for the first time in June 2022
3. I hereby verify that the Applicant is exempt from paying the Leaving Cert Examination Fee

***(Please ensure that the consent has been given in the Application Form before verifying)***

1. I hereby verify the academic achievements of the Applicant contained in Personal Statement — Part 1
2. To the best of my knowledge, I hereby verify the details in Personal Statement — Part 2

**Please comment on the personal qualities that would make the Applicant suitable for a Scholarship**

# I hereby verify that the information provided herein is true

**Principal’s Signature: Date:**

Name of Principal:

Name of School

Contact e-mail address Mobile:

***Please send a scanned copy of the completed reference directly to*** [***nodlaig.brolly@optum.com***](mailto:nodlaig.brolly@optum.com)