

Inspiro Tertiary Health Scholarships

2024 Reference Form

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| **Supporting references** |
| *This section must be completed by someone who knows you well (e.g. teacher, employer, peers from one of your activities). Avoid using family members. Additional pages can be attached.* |
| **Applicant’s Name:** |
| **How long have you known the applicant?**  |  |
| **In what capacity have you known the applicant?** |  |
| **Why do you feel the applicant should receive a scholarship?**  |  |
| **Describe the applicant’s personal attributes that you are familiar with.** |  |
| **How do you think the scholarship will help support the applicant’s completion of their course?** |  |
| **Describe the applicant’s commitment to their chosen field of study and their local community.** |  |
| **Your name** |  |
| **Position**  | Teacher | Support | Other  |
| **Organisation**  |  | **Phone** |  |
| **Signed** |  | **Date** |

**Upon completion, please forward this form via email to: lisa.davidson@inspiro.org.au**

Please call Inspiro on 9738 8801 or email lisa.davidson@inspiro.org.au if you have any questions.