



Inspiro Tertiary Health Scholarships 2025 Reference Form

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.

| | | | |
|--|----------------------------------|---------------------|--------------------|
| <p>How do you think the scholarship will help support the applicant's completion of their course?</p> | | | |
| <p>Describe the applicant's commitment to their chosen field of study and their local community.</p> | | | |
| <p>Your name</p> | | | |
| <p>Position</p> | <p>Teacher Support Other</p> | | |
| <p>Organisation</p> | | <p>Phone</p> | |
| <p>Signed</p> | | | <p>Date</p> |

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

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