

Inspiro Tertiary Health Scholarships 2021

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 and additional pages can be attached.* |
| **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 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 (either scanned or hard copy) to:

Penny Taylor

Inspiro

17 Clarke Street

Lilydale VIC 3140

Or email to: pennytaylor@inspiro.org.au

Please call Inspiro on 9738 8885 or email penny.taylor@inspiro.org.au if you have any questions.