

OPTUM HEALTHCARE SCHOLARSHIP SCHEME 2019

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 2 years
- 2) I hereby verify that the Applicant will sit the Leaving Cert Examinations for the first time in June 2019
- 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)
- 4) I hereby verify the academic achievements of the Applicant contained in Personal Statement- Part 1
- 5) 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 phone number _____

Please send a scanned copy of the completed reference directly to nodlaig.brolly@optum.com