

Ireland Health Care Scholarship Program 2024

(funded by the United Health Foundation and supported by Optum Ireland)

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 2024
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: _____

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