

**OPTUM HEALTHCARE SCHOLARSHIP SCHEME 2021**

**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 and/or be assessed for he Leaving Cert Examinations for the first time in June 2021
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)***

1. I hereby verify the academic achievements of the Applicant contained in Personal Statement- Part 1
2. 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***](mailto:nodlaig.brolly@optum.com)

*Creating the Healthcare Workers of the Future* *Todhchaí Slán*