



CONFIDENTIAL ACADEMIC REFERENCE FOR NURSING SCHOLARSHIP

The purpose of this Reference is to support students applying for TTH Nursing Scholarship. This Reference is supplied on the understanding that it is confidential to those involved in the scholarship selection process.

Notes to the Referee

- Thank you for acting as a referee for the applicant named below. Your assistance will help us assess the applicant's suitability for the specified scholarship.
- Referees are kindly requested to complete this form and send it directly by email to education@treetophospital.com within two days.
- Please do not return this form to the applicant as this is a confidential report.

Note to applicant

- Please complete section 1 and email it to your nominated academic referee.

Section 1: To be completed by the Applicant		
Full Name:		
Date of Birth:		Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male
Nationality:		NID No:
Email Address:		
Contact number:		

Section 2: To be completed by the Referee

Full Name:		
Nationality:		NID No:
Email Address:		
Contact number:		
Affiliated organization:		
Referee's expertise and experience		
Relationship with the applicant		
How long have you known the applicant?		

Referee's knowledge of the applicant

Would you recommend the applicant for the stated scholarship? ☐ Yes ☐ No

Please provide details to support your response to the question above.

Please indicate your assessment of the applicant's attitude to work/study

Perseverance Excellent ☐ ☐ ☐ ☐ Poor

Application to work Excellent ☐ ☐ ☐ ☐ Poor

Acceptance of help Excellent ☐ ☐ ☐ ☐ Poor

Initiative Excellent ☐ ☐ ☐ ☐ Poor

Information seeking Excellent ☐ ☐ ☐ ☐ Poor

Motivation Excellent ☐ ☐ ☐ ☐ Poor

Referee's Signature:

Date: