



MEDICAL & LIFE | GENERAL | PENSIONS | AGENTS & BROKERS

CONFIDENTIAL
SCHOLARSHIP APPLICATION
ACADEMIC REFERENCE:

Upon completion, this reference should be submitted by email directly to bs_hr@cgcoralisle.com.

Name of Applicant: _____

Course of Study: _____

Name of Referrer: _____

Referrer Mailing Address: _____

Referrer Telephone: Work _____ Mobile _____

Email Address: _____

How long have you known the applicant? _____

How do you know the applicant? _____

Please give your assessment of this applicant's likelihood for success in the study program in which he/she is enrolled:

Please provide examples to support your assessment:

To your knowledge, how does the applicant typically handle challenging situations?

Please comment on any other personal or general characteristics of this applicant that should be taken into consideration when reviewing his/her scholarship application.

Signature of Applicant _____ Date _____

CG Atlantic Medical & Life | General | Pensions | Agents & Brokers

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