



RCSI SCHOOL OF
MEDICINE

RCSI AIM HIGH MEDICINE SCHOLARSHIP CONFIDENTIAL ACADEMIC REFERENCE FORM

This reference must be completed by your Guidance Counsellor, Class Teacher or School Principal and returned in a **sealed** envelope.

NAME OF RCSI AIM HIGH MEDICINE SCHOLARSHIP APPLICANT

ACADEMIC REFEREE DETAILS

Name:

School:

Address:

Position in School:

Contact No:

Are you related to the candidate:

Yes:

No:

How long have you known the candidate:

Years

Year of Candidate's Leaving Certificate:

ASSESSMENT OF CANDIDATE BY ACADEMIC REFEREE

1. Your assessment of the candidate's interest in Medicine:

2. Your assessment of the candidate's academic promise:



3. Your assessment of the all around ability, potential, motivation and commitment of the candidate to complete this challenging full time course of study successfully:

Empty text box for assessment of candidate's ability, potential, motivation and commitment.

4. Any other information you consider relevant to the candidate's application:

Empty text box for any other information relevant to the candidate's application.

Signed:

Empty text box for signature.

Date:

Empty text box for date.

Should you wish to complete this academic reference in a Word or PDF document please attach here.