



**RCSI** SCHOOL OF  
**MEDICINE**

**RCSI CONSILIO MANUQUE 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 CONSILIO MANUQUE 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:

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

Signed:

Date:

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