

CONFIDENTIAL SCHOLARSHIP APPLICATION ACADEMIC REFERENCE

Upon completion, this reference should be submitted by email directly to KY_HR_Manager@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?	
To your knowledge, now does the applicant typically handle chancinging steadtions.	
Please comment on any other personal or general characteristics of this applicant that should be taken into consideration when reviewing his/her scholarship application.	n
Signature of Applicant Date	

British Caymanian Insurance Company Limited BritCay House, 236 Eastern Ave, George Town, Grand Cayman, Cayman Islands PO Box 74, Grand Cayman, KY1-1102 Cayman Islands | Tel 345 949 8699 | Fax 345 949 8411 | www.CGCoralisle.com

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