Undergraduate Scholarship Programme

Reference for Student Application

**Please complete as accurately and honestly as possible for us to access the applicant.**

Student First Names: Student Surname:

School Name:

How long have you known the applicant?:

In what capacity do you know the applicant?:

**Please tick the appropriate box as it relates to the applicant.**

Application to work?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Excellent |  | Very hard  working |  | Good |  | Average |  | Below  Average |  |

Class Performance?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Outstanding |  | Very good |  | Good |  | Average |  | Below  Average |  |

Behaviour?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Very  Disciplined |  | Disciplined |  | Needs to  Improve |  |

Communication?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Outstanding |  | Very good |  | Good |  | Average |  | Below  Average |  |

Co-operation – Team Player?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Good |  | Average |  | Needs to  Improve |  |

Leadership Positions held?

Leadership Potential?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Great  potential |  | Average |  | Below  average |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Head  Boy/Girl |  | Vice Head  Boy/Girl |  | Prefect |  | Monitor |  | Other  specify |  |

Details of any other positions of responsibility held by the applicant

**Please provide details on the character and integrity of the applicant and any special circumstances worth noting as to why this student should be considered for a scholarship.**

Referee Full Name: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Number: \_\_\_\_\_\_\_\_\_ \_\_

Signature: School Stamp: Date:

Please scan and email the completed form to [scholarships@potraz.gov.zw](mailto:scholarships@potraz.gov.zw)