This application may be deemed ineligible if all sections are not completed. Insert "NA" for section/s not applicable.

Form 4 • Tonga Government Scholarships • 2027-Intake • Employer Reference	
Applicant's Given Name/s	**Applicant's Surname**
Place of Employment	**Location of Employment**
Dates of Employment	**Applicant's Title**

Attendance (for the last year or partial year)		
Total Workdays _____	Total Excused Absences _____	Total Unexcused Absences _____

Are you the applicant's direct supervisor?	**Does the employer support this application?**	**Would you rehire this person?**
☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Please rate the applicant using the scale below:
0 = Not Demonstrated 1 = Developing 2 = Strong

Criteria	Description	Score
Work Ethic & Reliability	Punctuality, task completion, dependability	☐ 0 ☐ 1 ☐ 2
Professional Conduct & Integrity	Ethical behaviour, respect for workplace norms	☐ 0 ☐ 1 ☐ 2
Initiative & Problem-Solving	Takes initiative, contributes ideas, handles challenges	☐ 0 ☐ 1 ☐ 2
Communication & Collaboration	Works well with colleagues, communicates effectively	☐ 0 ☐ 1 ☐ 2
Overall Recommendation Strength	Employer's confidence in applicant's readiness and suitability for scholarship	☐ 0 ☐ 1 ☐ 2

How would your organization benefit from the applicant's proposed study?

Please write any other comments that would assist us in understanding this applicant's motivation and abilities:

Employer's Signature	Employer's Name (please print)	Date

(Please stamp this form with your organization's official stamp, firmly seal it in an envelope and return it to the applicant.)