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

Form 4 • Tonga Government Scholarships • 2026-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

Rank the applicant's work habits (circle one)

Consistently meets deadlines	Rarely	Sometimes	Usually	Often	Always
Assumes responsibility	Rarely	Sometimes	Usually	Often	Always
Demonstrates initiative	Rarely	Sometimes	Usually	Often	Always

Rank the applicant (circle one)

Motivation	Poor	Fair	Good	Very Good	Excellent
Commitment	Poor	Fair	Good	Very Good	Excellent
Adaptability	Poor	Fair	Good	Very Good	Excellent

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.)