

## UNDERGRADUATE SCHOLARSHIP PROGRAM

### LETTER OF RECOMMENDATION FOR FIRSTNAME LASTNAME



OMB Clearance Number: 0925-0299

Expiration Date: 30-June-2022

**Instructions:**

- Please complete the form and click on the button below to submit your evaluation and letter of reference.
- We recommend that you compose your letter off-line and paste it into the space below. If you attempt to compose your letter while logged on to this site, you may experience a connection timeout or some other technical problem beyond our control, which may result in your text being irretrievably lost.

 Indicates a required field.

| Evaluation Form   |  |  |
|---|--|--|
| <p><b>Length:</b> How long have you known the applicant?<br/> <input type="text"/> </p>  |  |  |
| <p><b>Capacity:</b> In what capacity have you known the applicant?<br/> <input type="text"/> </p>  |  |  |
| <p>The evaluation form asks for your assessment on several aspects using the following rating system.</p> <ul style="list-style-type: none"> <li>▪ 5 = Exceptional - Top 1%</li> <li>▪ 4 = Excellent - Top 10%</li> <li>▪ 3 = Above Average - Top 25%</li> <li>▪ 2 = Average - Top 50%</li> <li>▪ 1 = Below Average - Bottom 50%</li> </ul> |  |  |
| <p><b>Note:</b> FIRSTNAME LASTNAME has waived access to view your letter of recommendation.</p>   |  |  |
| <p><b>Overall Impression:</b><br/> <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1</p>  |  |  |
| <p><b>Intelligence:</b><br/> <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1</p>  | <p><b>Writing Ability:</b><br/> <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1</p>      | <p><b>Initiative:</b><br/> <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1</p> |
| <p><b>Analytical Ability:</b><br/> <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1</p>  | <p><b>Interpersonal Skills:</b><br/> <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1</p> | <p><b>Honesty:</b><br/> <input type="radio"/> 5 <input type="radio"/> 4 <input type="radio"/> 3 <input type="radio"/> 2 <input type="radio"/> 1</p>    |

**Research Ability:** 5  4  3  2  1**Motivation:** 5  4  3  2  1**Knowledge of Field:** 5  4  3  2  1**Verbal Ability:** 5  4  3  2  1**Confidence:** 5  4  3  2  1**Maturity:** 5  4  3  2  1**Service Obligation:**

Indicate the likelihood of the applicant completing the service obligation associated with the UGSP scholarship.

 5  4  3  2  1**Recommendation Letter**Please **copy and paste your letter of reference into the boxed area below**. Please include your name, academic rank, department and institution in your signature block.

Collection of this information is authorized by The Public Health Service Act, Section 410 (42 USC 285). Rights of participants are protected by The Privacy Act of 1974. Participation is voluntary, and there are no penalties for not participating or withdrawing from the study at any time. The information collected in this study will be kept private to the extent provided by law. Names and other identifiers will not appear in any report of the study. Information provided will be combined for all participants and reported as summaries.

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0299). Do not return the completed form to this address.