UGSP EVALUATION OF SCHOLAR PAYBACK PERIOD

OMB Number: 0925-0299 Expiration Date: 30 May 2024 Burden Time: 10 minutes

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 submission. 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 con other aspect of this collection of information, including suggestions for reducing this burden, to: N Bethesda, MD 20892-7974, ATTN: PRA 0925-0299. Do not return the completed form to this address.	NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, ess.
Q1 First Name (Given Name):	
Q2 Last Name (Family Name)	
Q3 Type of Service Completed Summer Service Year Service	
Q4 Service Period Start Date (ex: 15 Jun 2024)	
Q5 Service Period Stop Date (ex: 15 Aug 2024)	

Q6 Indicate the strengths of this scholar using these categories: Top 1% Top 10% Top 33% Top 50% Bottom 50% N/A Interest in 0 0 0 0 0 0 Science Ability to Complete **Projects** 0 0 0 0 Accurately and Timely Writing Skills 0 0 0 0 0 0 Analytical Problem-Solving Skills Oral Communication 0 0 0 0 0 0 Skills Ability to Work 0 0 0 0 0 Independently Rapport with 0 0 0 0 0 0 Peers Rapport with Faculty or 0 0 0 0 Supervisor Initiative 0 0 0 0 Curiosity Creativity 0 0 0 Observation 0 0 0 0 Skills Q7 Assess the scholar's potential for a career in biomedical research and share any observation and inferences that would be useful in predicting this scholar's potential to become a biomedical, behavioral, or social science health related researcher. Q8 Do you have any reason to believe this scholar may not satisfy the post-graduation service requirement?

EVALUATOR INFORMATION					
Q9 First Name (Given Name)					
Q10 Last Name (Family Name)	 	 	 	 	
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Q11 Email Address (check accuracy)					
Q12 Signature Block	 	 	 	 	