THE HENRY J. KAISER FAMILY FOUNDATION

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BARBARA JORDAN HEALTH POLICY SCHOLARS PROGRAM
IN PARTNERSHIP WITH HOWARD UNIVERSITY

1867 HOWARD UNIVERSITY

RECOMMENDATION FORM

TO THE APPLICANT: Fill in the information below and give this form and a stamped envelope to two evaluators (at least one from a faculty member.) Please address the envelope to: THE BARBARA JORDAN HEALTH POLICY SCHOLARS PROGRAM, CENTER FOR PRE-PROFESSIONAL EDUCATION, 2225 GEORGIA AVENUE, N.W., SUITE 518, WASHINGTON, DC 20059, Attention: Mr. Jomo Kassaye.

Applicant name: _____
Last/Family *First* *Middle (complete)* *Jr., etc*

Address: _____
Number and Street *City or Town* *State* *Zip Code*

E-mail Address: _____

School you now attend: _____

Evaluator

Name (please print or type): _____

Title/Position: _____

Institution/Organization: _____

Address: _____
Number and Street *City or Town* *State* *Zip Code*

Phone: (_____)_____ E-mail: _____

In addition to completing this form, **please write** on a separate sheet of paper whatever you think is important about this student, including a description of academic and personal characteristics. We are particularly interested in the candidate's intellectual promise, motivation, relative maturity, integrity, independence, originality, imitative, leadership potential, capacity for growth, special talents, and enthusiasm. We welcome information that will assist us to differentiate this student from others.

Background Information

How long have you known this applicant and in what context? _____

RATINGS
Compared to other students, how do you rate this student in terms of:

No basis		Below Average	Average	Good (above average)	Very Good (well above average)	Excellent (Top 10%)
	Creativity					
	Motivation					
	Independence, initiative					
	Academic achievement					
	Disciplined work habits					
	Potential for growth					
	Personal qualities and character					
	Overall recommendation					

Signature_____ **Date** _____