Evaluation Form for CSTE Scholarship
for Public Health Informatics Certificate Program

Name of Applicant_____

Name of Recommender_____

As a reference, your evaluation of the applicant is important in the selection process for this scholarship. Please include this Evaluation Form with your letter of support.

Section A- Checklist

Please complete the following checklist. Compared to others with comparable experience, how would you rate the applicant with respect to the following characteristics?

Characteristic	Below Average	Average	Above Average	Outstanding
Quantitative Skills				
Analytical Thinking				
Written Communication				
Oral Communication				
Interpersonal and Team Skills				
Productivity				

Please mail or fax this form with your letter of support to:
Amanda Masters, 2872 Woodcock Blvd, Ste 303, Atlanta, GA, 30341
Fax: 770-458-8516