

**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
<i>Quantitative Skills</i>				
<i>Analytical Thinking</i>				
<i>Written Communication</i>				
<i>Oral Communication</i>				
<i>Interpersonal and Team Skills</i>				
<i>Productivity</i>				

**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**