

**PUBLIC LAW 94-437 – TITLE I SCHOLARSHIP PROGRAM  
FACULTY/EMPLOYER EVALUATION**

APPLICANT'S NAME		SOCIAL SECURITY NUMBER	
DEGREE TRACK	IHS AREA OFFICE	EMAIL ADDRESS	

The student identified above is applying to receive an Indian Health Service (IHS) scholarship. The information on this form is requested pursuant to Section 751-756 of the Public Health Service Act, as amended, and applicable program regulations which provide that, in evaluating and selecting individuals for scholarships, consideration will be given to faculty or employer recommendations.

The information provided on this form is treated as confidential and may only be disclosed outside the Department of Health and Human Services in accordance with provisions of the Privacy Act of 1974 (P.L. 93-579) and the terms and conditions of the applicable Privacy Act Notice published by the Department in the *Federal Register*.

PLEASE RETURN COMPLETED FORM TO APPLICANT

1. How do you rate the educational/work achievement of this applicant?

5 -  OUTSTANDING      4 -  ABOVE AVERAGE      3 -  AVERAGE      2 -  BELOW AVERAGE      0 -  POOR

Comments: \_\_\_\_\_

2. How do you rate the applicant's relationships with other people? Consider such things as ability to work and get along with others.

5 -  OUTSTANDING      4 -  ABOVE AVERAGE      3 -  AVERAGE      2 -  BELOW AVERAGE      0 -  POOR

Comments: \_\_\_\_\_

3. Based on this applicant's personal, emotional and ethical attributes, how do you rate his/her overall potential for the practice of primary health care, especially in a Health Professional Shortage Area (HPSA)?

5 -  OUTSTANDING      4 -  ABOVE AVERAGE      3 -  AVERAGE      2 -  BELOW AVERAGE      0 -  POOR

Comments: \_\_\_\_\_

4. Type of work (applicant): \_\_\_\_\_

5. Length of time known: \_\_\_\_\_

**Statement of Conflict of Interest: I certify I am not related to applicant by blood or marriage.**

I certify that the information provided in this evaluation is accurate. I understand that it may be investigated and that any willfully false representation is sufficient cause for rejection of this application.

NAME (Print or type)	
POSITION TITLE (Required)	PLACE OF EMPLOYMENT (Required)
SIGNATURE	DATE