



Wadsworth Center Fellowship Program Reference Form

To the applicant: Fill in the information below, sign to indicate that you have waived the right to read the completed letter of recommendation, and ask the recommender to submit via e-mail by the application due date.

Name of applicant: Capacity known:

Name of recommender: Title:

Institution/employer: State:

Phone: () E-mail:

Applicant Signature: Date:

To the Recommender: The person named above is an applicant for the Wadsworth Center Fellowship Program. Please rate the applicant using the chart below, provide a narrative, sign and submit to wadsworth.fellowship@health.ny.gov.

Table with 6 columns: Rating categories (Out-standing, Above Average, Average, Below Average, Not Applicable/Unable to Assess) and 5 rows of criteria (Academic achievements, Laboratory/research skills, Critical thinking, Motivation toward a career in research, laboratory science, or public health, Ability to succeed in a career in research, laboratory science, or public health).

Narrative: Please provide an honest and objective evaluation of the applicant with respect to their achievements, training, motivation and ability to succeed in this fellowship program and beyond. Include a description of how long you have known the applicant and in what capacity; highlight strengths and weaknesses; and include an evaluation of the candidate's character, scientific ability, creativity, independence and potential.

Signature: Date:

Please complete this form and your narrative and submit via e-mail to wadsworth.fellowship@health.ny.gov.