

U.S. Department of Health and Human Services  
National Institutes of Health

**NIH Undergraduate Scholarship Program**

**Applicant Information:  
Recommendation**

**Applicant's Instructions:**

Please complete Section A. Give this form and one of the envelopes provided to three individuals who can assess your academic, scientific, and other relevant skills and abilities.

**Recommender's Instructions:**

Please complete Section B and return the form in the envelope provided, or mail to National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2E28 (MSC 0230), Bethesda, Maryland 20892-0230. If you have any questions, please call 1-800-528-7689 or e-mail <ugsp@nih.gov>.

**Section A** — *The applicant completes this section.*

**1. Applicant's Name** (last, first, middle) Please print.

**2. Applicant's Certification** I certify that I am requesting a recommendation from an individual of my choosing which will be included in my NIH Undergraduate Scholarship Program (UGSP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in the UGSP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the NIH UGSP according to the Privacy Act System of Records 09-25-0165 (see Confidentiality and Privacy Act Notice in this application package). I understand that by signing below, I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B of this form.

**Applicant's Signature** (Sign your full name in ink).

**Date**

**Section B** — *The recommender completes this section.*

**Please note** that the information provided in this section shall be held in confidence and protected from disclosure by the officials of the NIH Scholarship Program according to the Privacy Act System of Records 09-25-0165 only if the applicant's signature appears above (see Privacy Act Notice in this application package).

**1. Name and Title of Recommender** (Please print)

**2. Name of Organization, Mailing Address, Telephone and E-Mail**

**3. How long have you known this applicant and in what capacity?**

**4. Please assess the applicant in the categories below based on your relationship and familiarity with the applicant compared to other students in the same class year.**

	<b>Superior</b> Among the Top 1%	<b>Outstanding</b> Among the Top 5%	<b>Excellent</b> Among the Top 10%	<b>Good</b> Among the Top 33 <sup>1</sup> / <sub>3</sub> %	<b>Average</b> Among the Top 50%	<b>Below Average</b> Below the Top 50%	<b>NA</b> No basis for Judgment
Interest in science							
Ability to complete projects accurately and timely							
Writing skills							
Analytical problem-solving skills							
Oral communication skills							
Rapport with peers							
Rapport with faculty or supervisor							
Ability to adapt to new situations							
Initiative							
Curiosity							
Creativity							
Observation skills							

5. Please assess the applicant's potential for a career in biomedical, behavioral or social science research and share any observations and inferences that would be useful in predicting this applicant's potential to become a biomedical, behavioral or social science researcher. For example, your comments may include your assessment of some of the following attributes: scientific aptitude, creativity, curiosity, initiative, work habits, and peer relationships.

6. The UGSP scholars will be required to fulfill two service obligations: (1) After each academic year of scholarship receipt, the UGSP scholars will be required to work as NIH employees in the NIH research laboratories for 10 consecutive weeks during the months of June, July, and August. (2) Upon graduation (unless a deferment is granted by the UGSP) scholars are required to begin their service obligation. UGSP scholars incur 1 year of obligated service for each full or partial year of support and are obligated to serve as full-time NIH employees in an NIH research laboratory to fulfill this service obligation. (The maximum service obligation is 4 years.)

**Do you have any reason to believe that the applicant may NOT satisfy either of these service requirements? If so, please explain.**