



National
Congress of
American
Indians

NATIVE GRADUATE HEALTH FELLOWSHIP: REFERENCE & EVALUATION FORM

Please give a copy of this evaluation form to two individuals who will recommend you for the NCAI Native Graduate Health Fellowship.

All references must be **emailed directly from the recommender** to Whitney Smith at wsmith@ncai.org no later than 12:00 p.m. Eastern Time on June 11, 2021.

Letters sent from the applicant will not be accepted.

Name of Applicant:

College/University:

Name of Reference:

Title:

Tribe/Organization/Institution:

Address:

Email Address:

Phone Number:

Relationship to Applicant:

How long have you known this applicant?

Please rate the applicant in comparison to his/her peers.

	Needs Improvement	Good (Top 30%)	Superior (Top 10%)	Exceptional (Top 1%)	No Information
Leadership potential					
Communication skills					
Interpersonal skills					
Initiative					
Intellectual promise					
Writing ability					
Analytical skills					

Please comment on this applicant's promise as an aspiring health professional.

Please comment on this applicant's history of service to American Indian and Alaska Native communities in the health arena and beyond.

Please email this form directly to Whitney Smith at wsmith@ncai.org by 12:00 p.m. Eastern Time on June 11, 2021.