



# SOAR PROGRAM

**RATE THE APPLICANTS QUALIFICATIONS:** (PLEASE TYPE OR PRINT CLEARLY)

Applicant's Name				Please indicate program for which applying:			
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"> <span>Last Name</span> <span>First Name</span> <span>MI</span> </div>				<b>SOAR- PROGRAM</b>			
Please rate the applicant on the following qualifications by marking the appropriate lines:	Outstanding (Upper 5%)	Excellent (Upper 10%)	Very Good (Upper 25%)	Good (Upper 40%)	Fair (Upper 40%)	Below Average (Lower 50%)	No basis for judgment
Intellectual ability							
Commitment to service							
Integrity							
Cooperation							
Maturity							
Self-motivation							
Interpersonal relationships							
Emotional stability							
Oral expression/Knowledge of English Language							

**SECTION VI-A:****PLEASE GIVE YOUR RECOMMENDATION OF THE APPLICANT:**

Applicant's Name			Please indicate program for which applying:		
			SOAR PROGRAM		
Last	First	MI			
Please indicate your overall	Highest Recommendation	Highly Recommendation	Recommended With Confidence	Recommended With Reservations	Not Recommended

**SECTION VI-B:**

**PLEASE SUMMARIZE YOUR OPINION OF THE ABOVE NAMED APPLICANT WITH LETTER OF RECOMMENDATION AND SUBMIT WITH THIS FORM. PLEASE BE SURE TO INDICATE THE FOLLOWING:**

- a) How long you have known the applicant
- b) The capacity in which you know/have you known the applicant
- c) Qualities the applicant possesses that would make them a suitable SOAR-Health scholar
- d) Applicant's strengths and weaknesses as it applies to the ability to conduct research
- e) Overall strength of your endorsement (i.e. recommended or not recommended)

**SECTION VI-C:****TO BE COMPLETED BY THE RECOMMENDER****Name (Please Print or Type)****Position/Title****Address****Address 2****City, State and Zip****E-mail Address and Phone #****Signature and Date**

**Questions?** Contact: Hillary Robertson, MPH, CHES at [har36@georgetown.edu](mailto:har36@georgetown.edu) Phone: 202-687-8617

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As indicated by my signature, I understand that withholding information required on this application or giving false information may make me ineligible for admission to the University or subject to dismissal when the same is made known regardless of classification. With this understanding, I certify that all of the statements and information included are correct and complete; and, if admitted to the SOAR-HEALTH Program, I agree to abide by its policies, rules and regulations.

Applicant's Signature:

Date: