

V. Organizational Support Form

(To be completed by agency director)

Applicant Name Title

Name of Agency

Name of Agency Director Title – Executive Director/CEO/President/Other Appropriate Official

Agency Address

City State Zip Code

Telephone Fax E-mail

Please rank each skill in one of the following categories:

Breadth of HIV/AIDS knowledge *Below Average* *Average* *Above Average* *Outstanding*

Ability to communicate information (written/oral) *Below Average* *Average* *Above Average* *Outstanding*

Promise as a public health leader *Below Average* *Average* *Above Average* *Outstanding*

Critical thinking *Below Average* *Average* *Above Average* *Outstanding*

Problem solving skills *Below Average* *Average* *Above Average* *Outstanding*

Motivation toward a successful, productive career *Below Average* *Average* *Above Average*

Outstanding

Emotional stability *Below Average* *Average* *Above Average* *Outstanding*

Maturity *Below Average* *Average* *Above Average* *Outstanding*

Ability to work with others *Below Average* *Average* *Above Average* *Outstanding*

Dependable manager *Below Average* *Average* *Above Average* *Outstanding*

Ability to take initiative *Below Average* *Average* *Above Average* *Outstanding*

V. Organizational Support Form, *continued*

Please answer the questions below in the space provided or in a separate sheet (not to exceed one page):

How long have you known the applicant and in what capacity?

- Please describe the applicant's character, attitude and scientific ability/potential.
- Please describe the applicant's potential as a future public health leader
- Please describe weaknesses, strengths, and training needs.
- Describe any special attributes in the applicant that would be relevant to his/her candidacy in this program.

If selected, will the applicant be permitted to participate in the weeklong program from July 28th –

August 1st, 2019

YES NO

If selected, will the agency or applicant cover the non-refundable \$300 enrollment fee?

AGENCY APPLICANT

Please indicate by signing below that you fully support the applicant's participation in the one-week intensive training program from July 28th – August 1st, 2019.

Agency Director Signature Date

Thank you!