Community Research Fellows Training Program
Reference Letter Template Instructions

To the applicant: A complete application must include two letters of recommendation (1-Professional, 1-Personal). Please provide this template to people who can provide a recommendation on your behalf.

To the Reference: Please return your completed letter, using the template provided on the following page to “Office of Preventive Health and Health Equity, c/o Dr. Chigozie Udemgba, RE: Community Research Fellow Recommendation Letter, 715 S. Pear Orchard Rd. Plaza One, Suite 100, Ridgeland, MS 39157 or P.O. Box 1700, Jackson, MS 39216” in a signed, sealed envelope.

- Please replace the text within the arrow symbols (<<>>) with text relevant to the applicant and your knowledge of them.
- Please maintain the confidentiality of the process and do not allow the applicant to write or review the letter.
- Instructions on what to include has been provided in each section of the template. Simply write about as many of them as you can comfortably address based on your knowledge of the applicant.
- Please provide specific examples. Instead of saying “Applicant is a great student.” say, “Applicant is one of the stronger students I’ve taught on numerous occasions.” “He/she went above and beyond what was required for class, learning three chapters on his/her own outside of the printed syllabus.” The more details provided, the stronger your recommendation for the applicant.

If you have any questions or need clarification, please don’t hesitate to contact the project team. Dr. Chigozie Udemgba can be reached at Chigozie.Udemgba@msdh.ms.gov or 601-206-1559. Glenda Crump can be reached at gcrump@msphi.org or 601-398-4406.
<<Your Name>> (the person writing the letter of recommendation)  <<Date>>
<<Your Address>>
<<Your Phone and Email>>
<<Your Organization>>

Re: Reference letter for <<Insert Applicant Name>>

To: Office of Preventive Health and Health Equity,
C/o Dr. Chigozie Udemgba Re: Community Research Fellow Recommendation Letter
715 S. Pear Orchard Rd. Plaza One, Suite 100, Ridgeland, MS 39157
P.O. Box 1700, Jackson, MS 39216

Dear Applicant Review Committee:

<<In this recommendation letter, please comment on the applicant’s suitability for a research-oriented training program.>>

1. Please comment on the applicant’s abilities as a student.
2. Please comment on the applicant’s abilities as a self-starter/self-motivated individual.
3. Please comment on the applicant’s character, especially those attributes that evidence his or her ability to commit to helping others.
4. Please comment on the applicant’s interest in public/community health and in serving the underserved and vulnerable populations.
5. Please comment on the applicant’s network within Mississippi; does the applicant have a strong reach within the community?
6. Please discuss the applicant’s desire to attend this training, and the applicant’s ability to see commitments through to the end. Do you think the applicant can commit to three hours of training for 12 weeks?
7. Please bring to the attention of the applicant review committee anything not previously addressed that would be relevant to our decision to accept this applicant for training. >>

Sincerely,

<<Insert Signature Here>>
<<Typed name & title of recommender here>>