

Student Union & Event Services and Campus Scholarship Application/Nomination

Recommendation/Nomination Form

APPLICANT

Top portion to be completed and signed by applicant

Students Name: _____

Job Title(s): _____

Work Area: _____

I hereby waive all rights to view information written on my behalf in this recommendation.

Yes No

Applicants Signature: _____

RECOMMENDATION OF APPLICANT *(1 by immediate supervisor; 1 by person who knows your work)*

Name: _____

Job Title: _____

Department: _____

Amount of time and in what capacity you have known the applicant: _____

Please choose the response that best describes this individual:

- | | | | |
|---|------|---|----------------|
| 1 | poor | 4 | excellent |
| 2 | fair | 5 | superior |
| 3 | good | 6 | not applicable |

Ability to work with others	1	2	3	4	5	NA
Appearance	1	2	3	4	5	NA
Attitude toward work	1	2	3	4	5	NA
Communication - oral	1	2	3	4	5	NA
Communication - written	1	2	3	4	5	NA
Cooperation	1	2	3	4	5	NA
Customer Service	1	2	3	4	5	NA
Dependability	1	2	3	4	5	NA
Initiative	1	2	3	4	5	NA
Involvement	1	2	3	4	5	NA
Leadership	1	2	3	4	5	NA
Motivation	1	2	3	4	5	NA
Professionalism	1	2	3	4	5	NA
Punctuality	1	2	3	4	5	NA
Quality of work	1	2	3	4	5	NA

Would you recommend this person for a scholarship? Yes _____ No _____

Please write any additional comments on the back

RECOMMENDERS SIGNATURE: _____ DATE : _____

Please complete this form and **return in a sealed envelope** to the Scholarship Selection Committee, c/o Pam Davis, WSU Student Union Administrative Office, 186 Student Union, 3640 Colonel Glenn Hwy., Dayton, OH 45435 by **5 p.m., Friday, February 16, 2007.**