

Student Union Scholarship Recommendation Form

Top portion to be completed and signed by applicant

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: _____

Bottom portion to be completed and signed by recommender

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 2 fair 3 good 4 excellent 5 superior 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.

Recommender's Signature: _____ Date : _____

Please complete this form and **return in a sealed envelope** to the Scholarship Selection Committee,
c/o Sheila Nahrgang, WSU Student Union, 186 Student Union, 3640 Colonel Glenn Hwy., Dayton, OH 45435
by **5 p.m., Friday, February 3, 2012.**