Student Union and Campus Recreation
2017 Scholarship Recommendation Form

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/Organization: ________________________________________________
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 ☐ ☐ ☐ ☐ ☐ ☐ ☐
Appearance ☐ ☐ ☐ ☐ ☐ ☐ ☐
Attitude toward work ☐ ☐ ☐ ☐ ☐ ☐ ☐
Communication - oral ☐ ☐ ☐ ☐ ☐ ☐ ☐
Communication - written ☐ ☐ ☐ ☐ ☐ ☐ ☐
Cooperation ☐ ☐ ☐ ☐ ☐ ☐ ☐
Customer Service ☐ ☐ ☐ ☐ ☐ ☐ ☐
Dependability ☐ ☐ ☐ ☐ ☐ ☐ ☐
Initiative ☐ ☐ ☐ ☐ ☐ ☐ ☐
Involvement ☐ ☐ ☐ ☐ ☐ ☐ ☐
Leadership ☐ ☐ ☐ ☐ ☐ ☐ ☐
Motivation ☐ ☐ ☐ ☐ ☐ ☐ ☐
Professionalism ☐ ☐ ☐ ☐ ☐ ☐ ☐
Punctuality ☐ ☐ ☐ ☐ ☐ ☐ ☐
Quality of work ☐ ☐ ☐ ☐ ☐ ☐ ☐

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
11:59 p.m., Friday, February 17, 2017.