Student Union and Campus Recreation
2019 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/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 1 2 3 4 5 6
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., February 15, 2019