Student Union and Campus Recreation
2021 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.
Applicants must submit all required materials by February 1, 2021 for consideration.
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
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, 210 Student Union, 3640 Colonel Glenn Hwy., Dayton, OH 45435
11:59 p.m., February 1, 2021