

# WESTERN WASHINGTON UNIVERSITY DEPARTMENT OF THEATRE ARTS

## SCHOLARSHIP APPLICANT RECOMMENDATION

**Applicant's Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

PLEASE ASSESS THE APPLICANT ON THE FOLLOWING CRITERIA, USING A SCALE OF 1- 4:

- 1 – FAIR
- 2 – GOOD
- 3 – EXCELLENT
- 4 – SUPERIOR

	CRITERION	ASSESSMENT (1-4)
A.	COMMITMENT TO WORK	
B.	CONTRIBUTION BEYOND EXPECTED	
C.	ABILITY TO WORK WITH OTHERS/ ATTITUDE	
D.	CREATIVE ENERGY	

Please write a very brief statement about the applicant's contribution to Theatre:

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FINAL RECOMMENDATION:

I STRONGLY RECOMMEND

I RECOMMEND

I DO NOT RECOMMEND

  
  

\_\_\_\_\_  
Signature

Please sign your completed form, seal it in an envelope and return it to the applicant for submission with their packet.