

**University of Michigan  
Department of Recreational Sports  
Student Development Scholarship Application  
Supervisor's Reference Form**

[To be completed by the applicant]

Name of Applicant: \_\_\_\_\_

Intended amount to be received: \_\_\_\_\_

Please briefly outline what and where the intended scholarship will be applied toward:  
\_\_\_\_\_

[To be completed by the supervisor]

*Please rate the applicant in the following areas based upon your experience. Rate how strongly you agree or disagree with each of the following statements by placing a check mark in the appropriate box. Thank you for providing valuable feedback.*

	Agree	Undecided	Disagree
The applicant represents the Department in a positive, professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant demonstrates ownership of their actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant enforces departmental policy and procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant fosters an atmosphere of respect toward colleagues and patrons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This job has given the applicant the ability to be more self-confident.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This job has enhanced the applicant general character and morals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The applicant displays the necessary steps to get the job done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you been satisfied with your overall experience with the applicant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Does the applicant have any disciplinary points awarded?	<input type="checkbox"/>	<input type="checkbox"/>

*If yes, please attach all disciplinary documentation*

**Comments** (please provide detailed comments about the applicant):

How strongly do you feel the applicant should be considered for the scholarship?

Do you recommend a full or partial scholarship be awarded? FULL \_\_\_\_\_ PARTIAL \_\_\_\_\_

Any additional information:

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_